

Poster presentation

Psychiatric onset of multiple sclerosis

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Background

Although psychiatric dysfunctions are well recognized throughout the course of definite multiple sclerosis (MS), initial presentation of the disease with predominant psychiatric symptoms has rarely been reported.

Materials and methods

A detailed report of four cases of young women whose atypical first presentation of MS led to them being initially diagnosed with psychiatric diseases. Emphasis is placed on differential diagnosis and timely identification of similar cases.

Results

Four women (aged 30, 32, 33 and 38 years) out of 298 consecutive patients with definite MS, exhibited a psychiatric syndrome at initial presentation without other symptoms or signs suggestive for MS. Brain CT scans were normal. Three out of the four patients underwent psychiatric hospitalizations. Two of the patients were initially diagnosed with manic-depressive disorder, one with major depression and one with psychosis. MS diagnosis was delayed and established within one to eight years following the initial psychiatric presentation. All patients underwent brain and spinal MRI and brain SPECT. Patients fulfilled the recently revised McDonald diagnostic criteria of MS. Patients were followed for three to up to ten years thereafter. All of them gradually developed characteristic physical signs, with concomitant disabilities.

Conclusions

MS should be considered in the differential diagnosis of a psychiatric disorder even in the absence of typical neurological signs. Careful relevant clinical and laboratory investigation as well as neuroimaging techniques should be performed, especially in cases of previously healthy young patients who present with atypical psychiatric manifestations. Early diagnosis may be particularly important in view of the emerging disease-modifying treatments.