

Medical Update Memo

January 4, 2010

Callosal lesion predicts future attacks after clinically isolated syndrome

Summary

MS is diagnosed by the demonstration of lesions disseminated in space and in time. The so-called Barkhof criteria, which are based on the number and location of the lesions seen in the brain of people with MS, have been extensively used to determine dissemination in space and they have proved to be useful in predicting the appearance of a second relapse after a first episode suggestive of MS. The authors of this study have found that not only the Barkhof criteria but also the lesions in the corpus callosum can predict the appearance of the second relapse. Further more, when both Barkhof criteria and lesions in the corpus callosum were combined, the predictive value was stronger. *Neurology*. 2009 Dec 1;73(22):1837-41

Details

Researchers undertook a follow-up study of 158 patients with clinically isolated syndrome (CIS) who underwent MRI after the onset of the CIS. Participants MRI's were scored for the Barkhof criteria and corpus callosum (CC) lesions. Patients were classified as having MS according to Poser criteria.

Corpus callosum (CC) lesion and the Barkhof criteria both predicted conversion to multiple sclerosis (MS). When both variables were combined, the association was stronger. The assessment of CC lesion may be a useful additional tool for predicting conversion to MS in patients with clinically isolated syndrome.

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