Multiple Sclerosis: Sustaining Care, Seeking a Cure
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(S08) DISTAL LOWER-LIMB DISCOLORATION IN PATIENTS WITH MULTIPLE SCLEROSIS
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Background: Autonomic dysfunction in multiple sclerosis (MS) has been recently reported, mostly affecting the bladder, bowel, and sexual and sweat organs. Orthostatic dizziness has been found in 50% of MS patients. Until now, studies have focused more on cardiovascular reflex testing and blood pressure responses. We report on 26 MS patients with discoloration in the lower extremities not associated with vascular or other concomitant disease. Objectives: To describe a group of MS patients who developed distinctive discoloration in the distal lower extremities. Methods: Lower-limb discoloration was noticed in MS patients during follow-up visits at the Maxine Mesinger Comprehensive Care Center. Epidemiological data, treatment history, type of MS, and disease duration were documented. Patients with concomitant disease (diabetes mellitus, vascular insufficiency) were excluded. Complete physical and neurologic examinations were performed. Some patients were evaluated by means of arterial Doppler. Results: A total of 26 MS patients were enrolled in the study, including 23 women, with a mean age of 52 years. Eleven patients were diagnosed after 2000; of these, 5 were diagnosed in the past 3 years. Disease type was 69% relapsing-remitting MS, 23% secondary progressive MS, and 7.6% primary progressive MS. Eighty percent of patients were currently on treatment with a disease-modifying agent. All patients demonstrated distal discoloration of the lower extremities; peripheral pulses were normal in all patients. Coloration did not change with leg raising. Of the patients, 11.5% had dysautonomic symptoms. Three patients were evaluated with arterial Doppler evaluation; all were normal. Demographic information and images will be provided. Conclusions: Autonomic dysfunction is seldom recognized by MS patients; it can cause paroxysmal arrhythmias, recurrent syncope, neurogenic pulmonary edema, and decreased ventricular ejection fraction, leading to increased morbidity and mortality. MS can involve any part of the central nervous system, including critical areas subserving autonomic function, causing interference of descending autonomic pathways during their course in the brainstem or spinal cord. Demyelinating lesions located among central thermoregulatory pathways may result in regional or global anhydrosis in patients with MS. Skin changes could be a manifestation of autonomic dysfunction, which may affect the quality of life in MS patients.

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