(S139) VASCULOPATHIES MIMICKING MULTIPLE SCLEROSIS
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Background: Rare conditions that may mimic multiple sclerosis (MS) in their clinical course and radiologic findings continue to pose a challenge in accurately diagnosing MS. We report two women presenting with relapsing neurologic symptoms that raised suspicions of MS. Objectives: To demonstrate the importance of considering rare cerebrovascular diseases in the differential diagnosis of central nervous system (CNS) demyelination. Methods: Case presentation. Results: We present two women who had been incorrectly diagnosed with MS based on transient neurologic symptoms and T2 hyperintensities on brain magnetic resonance imaging (MRI). A 50-year-old woman presented at age 41 with dizziness, nausea, and headaches. She subsequently developed numbness and stiffness in her left leg, transient diplopia, several months of fatigue, urinary urgency, depression, and cognitive problems. Brain MRI showed multiple periventricular and juxtacortical T2-hyperintense lesions, some of which were enhancing. She was seen by different neurologists and diagnosed with MS. Vessel imaging including a cerebral angiogram, however, revealed multiple significant intracranial stenoses, occlusions, and aneurysms. The second patient is a 52-year-old woman who was diagnosed with relapsing-remitting MS at age 31 after she had presented with several episodes of right hand weakness and left face numbness, brief episodes of loss of consciousness, and fatigue and depression. She received disease-modifying treatment with Avonex. She then presented to us with acute-onset severe global aphasia as well as moderate right arm weakness after losing consciousness. Magnetic resonance angiography showed several high-grade stenoses of the intracranial vessels with normal extracranial vasculature, suggestive of moyamoya disease, which was confirmed by cerebral angiography. Conclusions: We report on two women presenting with transient relapsing neurologic symptoms that raised suspicions of MS but ultimately showed vascular etiology. Moyamoya disease is rare, and significant intracranial cerebrovascular disease is uncommon in young women, but vasculopathies are important differential diagnoses in patients presenting with first symptoms suggestive of MS, particularly because the treatments are substantially different.

Disclosure: Nothing to disclose