(S147) TREATMENT OF MULTIPLE SCLEROSIS WITH INTERFERON BETA-1A ASSOCIATED WITH WARM AUTOIMMUNE HEMOLYTIC ANEMIA
M.J. Williams, R.J. Rahn, S.D. Williams, S.M. Wilson

Neurology, Augusta MS Center, Medical College of Georgia, Augusta, GA

**Background:** Autoimmune hemolytic anemia (AIHA) is a rare condition that has been associated with interferon therapy, hepatitis C, and lupus. Although it is more often seen with interferon alpha (IFNα) treatment, there has been one documented case with interferon beta-1b (IFNβ-1b) therapy in a patient with multiple sclerosis (MS). This case involves a 47-year-old patient with a 19-year history of MS who presented with generalized weakness, dyspnea on exertion, and fatigue for 2 months. Development of substernal chest pain prompted an emergency room evaluation. Laboratory evaluation revealed anemia with a hemoglobin level of 4 g/dL, and Coombs’ test was positive for warm autoantibodies. The patient had been on interferon beta-1a (IFNβ-1a) therapy for 4 years prior to symptom onset. IFNβ-1a was discontinued, and treatment with intravenous corticosteroids, oral steroid taper, and intravenous Rituxan resulted in resolution of symptoms. The patient remains stable at 6-month follow-up. The findings suggest that autoimmune hemolytic anemia should be considered if an MS patient experiences an unexplained decrease in hematocrit while taking IFNβ-1a.

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