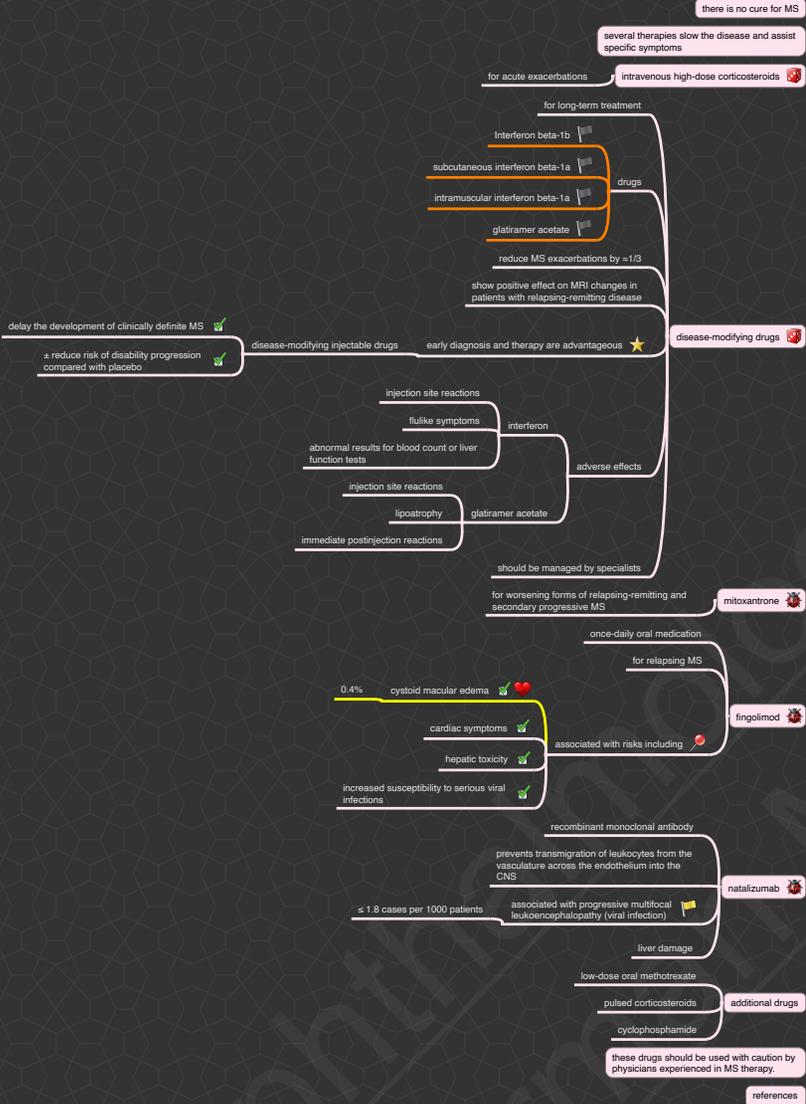
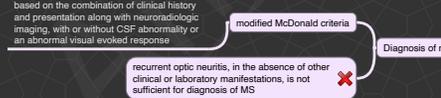


5.14.3. Systemic Conditions (III): Immunologic Disorders (III): Multiple Sclerosis (II)

Treatment



Diagnosis of multiple sclerosis



Chiasmal and retrochiasmal abnormalities

white matter within the optic chiasm, optic tracts, and optic radiations is frequently involved

13.2% after 1 year of follow-up

recovery pattern similar to that of optic neuritis

- symptoms
- diplopia
 - blurred vision
 - oscillopsia

localized to supranuclear, nuclear, and fascicular portions of ocular motor system

- bilateral internuclear ophthalmoplegia
 - exotropia in primary position
 - bilaterally impaired adduction
 - wall-eyed, bilateral internuclear ophthalmoplegia, WEBINO
 - highly suggestive of MS < 50 years

horizontal or vertical gaze paralysis

complete or partial

- skew deviation
- vertical misalignment not attributable to single nerve or muscle dysfunction

isolated ocular motor cranial nerve palsy

MS must be considered in a young adult with an isolated ocular motor cranial nerve palsy and no history of trauma

most likely reflect fascicular involvement and are frequently accompanied by other brainstem findings

sixth nerve involvement is most common

nystagmus

horizontal, rotary, or vertical

both pendular and jerk types may occur

concomitant vertical and horizontal nystagmus (out of phase)

circular or elliptical eye movements

highly suggestive of MS

- common cerebellar eye findings
 - rebound nystagmus
 - fixation instability (macrosaccadic oscillations)
 - saccadic dysmetria
 - abnormal pursuit movements

dorsal midbrain (Parinaud) syndrome

Ocular motility disturbances

Laboratory evaluation



Neuroimaging

