

BACKGROUND

- Multiple Sclerosis (MS) is a chronic inflammatory demyelinating disease of the central nervous system.
- The clinical onset of the disease typically occurs between the ages of 20 and 40 years.
- A possible prodromal phase may precede disease onset by several years, during which early and often non-specific signs and symptoms can appear before the classical clinical manifestations.

AIMS

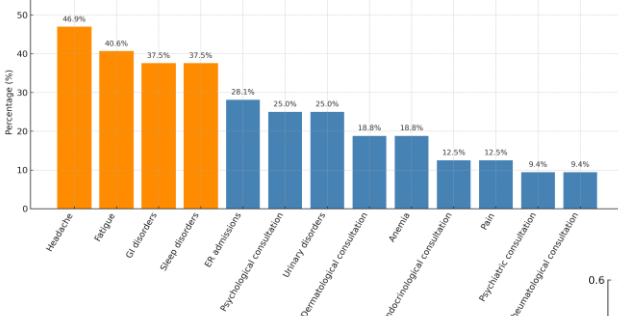
This study aims to investigate the prevalence of prodromal symptoms and signs of MS, and their potential use as prognostic factors.

METHODS

- Population:** 32 MS patients (23F mean age at onset 34, 9M mean age at onset 35.5), diagnosed within 2 years.
- Prodromal symptoms assessed** (5 years before onset):
 - Headache
 - Fatigue
 - Gastrointestinal disorders
 - Sleep disturbances
 - Anemia
 - Urinary disorders
 - Psychiatric disorders
 - Other autoimmune diseases
- Correlations tested with:**
 - EDSS
 - Baseline MRI lesion burden
 - Initial treatment choice
 - Oligoclonal bands (OCB)

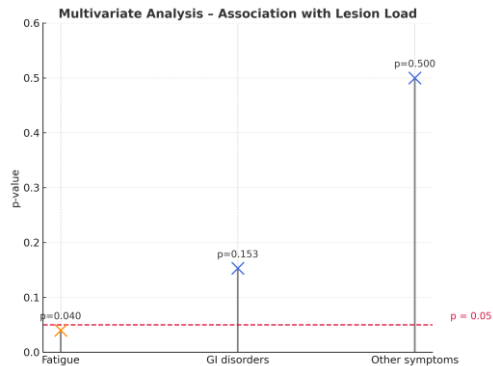
RESULTS

Prevalence of Prodromal Symptoms and Consultations



- The prodromal symptoms most frequently found were: headache (46.9%), fatigue (40.6%), gastrointestinal disorders (37.5%) and sleep disturbances (37.5%).

- Multivariate analysis was used to analyze the association between each prodromal symptom and lesion load in the brain and spinal cord at the onset; the results show a significant correlation with fatigue and a weaker association was found for gastrointestinal disorders.
- No significant association was found between prodromal symptoms and EDSS, number of OCB or treatment strategy at onset.



CONCLUSIONS

Our findings suggest that prodromal manifestations, especially fatigue, might hold prognostic value in predicting MRI lesion load at disease onset. Integrating these features into early clinical assessment could enhance risk stratification, guide prompt therapeutic decisions, and ultimately improve disease outcomes.