

emerging resistance to chloramphenicol. Also, the treatment should be given for prolonged duration rather than the routine 10-14 days regime.

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Multiple sclerosis in Syria.

Sir,

Multiple sclerosis (MS) is one of the most complicated forms of demyelinating disease for which a definite cure has not yet been found. Multiple sclerosis affects people between the age of 20-40. Onset is rare before the age of 12 years or after the age of 50. Nevertheless, diagnosis and treatment in the early stages of the disease may help to avoid disability. By using highly developed, modern instruments and laboratory investigations this may help identify the problem, even though the progression is asymptomatic. The disease is comparatively rare in the orient. The prevalence rate is relatively high in cold regions, however due to immigration and the spread of civilization the disease flows over into hot countries. The rate is lower in Arab countries than in northern Europe and America. The number of cases per 100,000 per population is the following in these countries; Tunisia 5, Iraq 5, Jordan 5, Palestine 15, Syria 5, USA 30-64, Canada 70, Sweden 51, thus representing a considerable

burden on the national economy and social problems.^{1,2}

The Syrian Arab Republic (SAR) lies on the eastern coast of the Mediterranean. The total area is 185,000 square kilometers and the Mediterranean climate generally prevails, the climate may be characterized by rainy winter and dry hot summer. The population of SAR is approximately 17 million. Twenty cases were studied at the Douma Hospital (Damascus) and in my private clinic. All patients fulfilled the Poser et al criteria for the diagnoses of MS. All patients had blood count, blood film, sedimentation rate and electrophoresis, cerebrospinal fluid (IgG and Albumin).³

Brainstem auditory potentials were performed on all patients. The brainstem auditory evoked potentials test consists of giving the patient an auditory stimulus passing from the external ear, to the medial ear, to the interior ear and finally to the pons passing through to the acoustic area to the brain. Evoked visual potential (EVP) generated in response to stimulation by a signal light flash from the eye to cerebral cortex. Magnetic resonance imaging (MRI) was performed on all patients.^{3,4} The main defect of central nervous system gives us possible classified patients in two groups: 1) cerebrospinal involvement of the central nervous system 2) cerebral hemisphere involvement of the central nervous system.

Twenty cases of multiple sclerosis were studied (11 females 55% and 9 males 45%). Their ages varied between 20-40 years, the average age was 28,2 years, the patients seemed to fall into two groups: Group I - 12 patients of the first group suffered from cerebrospinal tract involvement, complained of weakness of the lower extremities paresthesia, increased tendon reflexes, pyramidal signs, decrease or absence of abdominal reflex, nystagmus and vertigo. Group II - 8 patients of the second group which involved the cerebral hemisphere of the central nervous system complained from ataxia disturbances, vertigo and positive symptoms (Romberg position, finger-nose, knee-ankle etc) increased tendon reflexes and pyramidal signs.¹

All patients did not have any acute or chronic acoustic disorders or any abnormalities. Changes were recorded in the brainstem auditory evoked potentials, where the acoustic nerve was affected up to the acoustic area of the brain. Magnetic resonance imaging of all patients showed multifocal destruction in the white matter with irregular areas of hyperintensity, especially around the ventricles of the brain atrophy in some of them.

The laboratory test electrophoresis IgG 120mg/l (normal value 35mg/l) and Albumin 380mg/l (normal value 200mg/l) in cerebrospinal fluid higher than normal value in multiple sclerosis. The possible

Letters to the Editor

explanation of the process of the demyelination in the nervous system is that it is in the acute stage. In evoked visual potentials some changes were observed at early stages of the disease, when there were no visual disturbances¹ which made medical intervention necessary for the treatment. Distractions in the white matter of the brain recorded through (MRI) tests resulting from multiple sclerosis, were found in all cases³. However in the first degree of the disease (optic neuritis) evoked visual potentials, MRI, IgG are recommended in the diagnosis of the subclinical stage of the disease. In gravity, duration and degree it is recommended to use all investigations, evoked stem potentials, evoked visual potentials, MRI and IgG and albumin. Therefore early diagnosis using highly developed and modern investigation may help reach the proper diagnosis. Helping, and providing the proper therapy leads to more effective treatment and gives the patient a better chance of remaining in the work force.

Clinical history and neurological physical examination together with brainstem auditory potentials and magnetic resonance imaging evoked

visual potentials and laboratory tests have enabled to reach the precise diagnosis of multiple sclerosis.

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