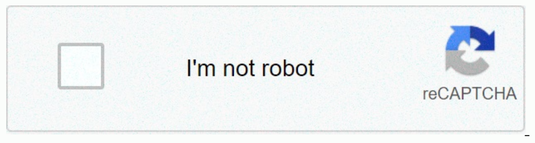

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Clinically isolated syndrome treatment guidelines

What is Isolated Clinical Syndrome (CIS)? Isolated Clinical Syndrome (CIS) is an episode of neurological symptoms. CIS involves demyelination in your central nervous system. That means you've lost some myelin, the coating that protects the neurons. To be classified as CIS, the episode must last at least 24 hours. It can not be associated with fever, infection, or other disease. CIS, by its name, indicates that you had an isolated incident. It doesn't mean you should expect more or that you will definitely develop multiple sclerosis (MS). However, CIS is sometimes the first clinical episode of MS. Continue reading to learn more about the connection between CIS and MS, how differences are made, and what your next steps should be. The big difference is that CIS is a single episode while MS involves multiple episodes, or flare-ups. With CIS, you don't know if it will ever happen again. In contrast, MS is a lifelong disease that requires no cure, although it can be managed. Some of the symptoms of CIS are: Inflammation of the visual nerve. This is a condition in which your visual nerve is damaged. This can cause poor vision, blind spots and dual vision. You may also have a sore eye. Inflammation of the horizontal pulp. This condition involves damage to your spinal cord. Symptoms may include muscle weakness, numbness and tingling, or bladder and bowel problems. Lhermitte's sign. Also known as the haircut chair phenomenon, this condition is caused by a lesion in the upper part of your spinal cord. An electric-like sensation goes from the back of your neck to your spine. This can happen when you bend your neck down. CIS can cause difficulties with: balancing and coordinatingizziness and shakinessmuscle stiffness or spastic functionsexualwalkingC both CIS and MS related damage to myelin skin layers. Inflammation causes the formation of lesions. These signals interrupt between your brain and the rest of the body. Symptoms depend on the location of the lesions. They can range from virtually 100% 100% to disable. It is difficult to distinguish CIS from MS based on symptoms alone. The difference between the two conditions can be detected through MRI. If there is proof there is only one episode, you can have CIS. If the image shows multiple lesions and evidence of other episodes being separated by space and time, you may have MS. CIS as a result of inflammation and myelin lesions. This can happen anywhere in the central nervous system. It is not exactly clear why this happened. A number of risk factors have been identified:Age. Although you can develop CIS at any age, it tends to be diagnosed in young adults between the ages of 20 and 40.Genetics and the environment. Your risk of developing MS is higher if you have parents who have it. In general, MS is also more common in areas far from the equator. Maybe it's a combination of a lip activation and genetic predisposition. About. CIS is 2-3 times more common in women than in men. A CIS episode in your past puts you at increased risk for She. Your primary care physician will probably refer you to a neuroses. Your full medical history and discussion of your symptoms is the first step. Then you will need a neurological examination, which may include a balance test and movement of your eye coordination and basic visual reflexesThe diagnostic test to help find the cause of your symptoms is:Blood testNo blood test can confirm or exclude CIS or MS. But a blood test plays an important role in the elimination remove other conditions with similar symptoms. MRIAn your brain, neck and spine is an effective way to detect lesions caused by demyelination. Intravenous dyes can highlight active inflammatory areas. Contrast dye helps determine if this is your first episode or if you already have someone else. When you have a symptom caused by a lesion, it is called a monofocal episode. If you have some symptoms caused by multiple lesions, you already have a multi-title set. Puncture of the lumbar (spinal proboscis)After touching the spine, your cyel fluid is analyzed for protein signs. If you have more than normal amounts, it may suggest an increased risk of MS. Potential EvocativeEvoked potential measures how your brain reacts to sight, sound, or touch. About 30 percent of those with CIS have abnormal results to visually evoke potential. Before the diagnosis can be made, all other diagnoses may have to be excluded. Some of them are: autoimmune disorders infectious disorders inflammatory metabolic disordersneoplasmsvascular diseaseCIS does not necessarily progress to MS. It can forever remain an isolated event. If your MRI detects MS-like lesions, there is a 60-80 percent chance that you will have a flare-up and MS diagnosis within a few years. If MRI does not find ms-like lesions, the chances of developing MS within a few years are about 20 percent. Repeat flare-ups of disease activity are characteristic of MS. If you have a second episode, your doctor will probably want an MRI. Evidence of multiple lesions is separated over time and sedating points for MS diagnosis. A mild case of CIS may clear up on its own within a few weeks. It can settle before you ever get to diagnose. For severe symptoms such as inflammation of the visual nerve, the doctor may prescribe high-dose steroid therapy. The steroid is given by infusion, but in some cases can be taken orally. Steroids can help you recover from symptoms faster, but they don't affect your overall outlook. There are a number of disease-altering drugs used to treat MS. They are designed to reduce the frequency and severity of outbreaks. In people with CIS, these drugs can be used in the hope of delaying the beginning of MS. Some of the drugs approved for CIS are:Avonex (interferon beta-1a)Betaseron (interferon beta-1b)Copaxone (glatiramer acetate)Extavia (interferon beta-1b)Glatopa (glatiramer acetate)Mayzent (siponimod)Tysabri (natalizumab)Vumerity (diroximel fumarate)Ask your and the risks of each before choosing to take one powerful drug. With CIS, there is no way to know for sure if you will eventually develop MS. You may never have another episode. But if it appears that you are at high risk of developing MS, you have a lot to consider. The next step is to consult a neuroscyst experienced in the treatment of CIS and MS. Before making a decision on treatment, it may be wise to seek a second opinion. Whether you choose to take MS medications or not, be sure to inform your doctor at the first sign of a different episode.MS different people. It is impossible to predict a person's long-term prospects. After 15 to 20 years, a third of people with MS have a minimum or no decline. Half have a progressive form of MS and increasing defects. ABOUT DIAGNOSTIC CLINICAL Isolation Syndrome (CIS) is a possible diagnosis for patients undergoing an episode that may represent the onset of multiple sclerosis (MS), a disease of the central nervous system, or may represent an isolated episode without ongoing treatment. Episodes can only affect one area of the central nervous system (monofocal), or multiple areas (multifocal). An experienced medical team, such as the one at Cedars-Sinai Multiple Sclerosis Center, will determine whether episodes of symptoms are a sign of multiple sclerosis, and whether the patient is at high or low risk of developing the disease. Symptoms of CIS are similar to those of recurrent MS. The main difference between the two conditions is that patients with CIS experience only one episode, while MS patients undergo multiple episodes. Symptoms of CIS include: Numbness or tingling Vision problems, such as double vision Spasticity or muscle stiffness Difficulty controlling the bladder or intestines Difficulty walking and coordination Muscle weakness Dizziness Paralysis Sexual dysfunction Causes and risk factors Patients with CIS tend to be diagnosed between the ages of 20 and 40 , but this condition can occur at any age. Since the risk of MS is significantly higher when parents have been diagnosed with the disease, genetic factors can play a role. The unusual relationship between a person's geographic location in childhood and the risk of MS later in life suggests there may be environmental factors at work in cis or MS risk. Cis diagnosis begins with doctors taking a detailed medical history and performing a neurological examination. Because CIS may have similar symptoms of other nervous system disorders, diagnostic tests will help to rule out other causes and confirm the diagnosis. These tests may include mri scans of the brain and spinal cord. The patient's medical team may require a puncture of the lumbar lumbar, also known as a spinal proboscis, along with cyel fluid analysis and neuro-function tests. Blood tests can be performed to except for other conditions with similar symptoms. Patients diagnosed with CIS CIS periodically check to determine if their condition is progressing according to ms. There is no cure for CIS. The FDA has approved drugs to manage symptoms of certain types of MS and patients diagnosed with high-risk CIS may be prescribed one or more of these to delay the onset of MS and manage symptoms. These drugs can be used to reduce the frequency and severity of episodes a patient experiences. Choosing the right drug requires careful consideration of the risks and benefits, along with close cooperation with an experienced neuroscologist with experience in the treatment of the disease, such as those in the Cedars-Sinai Neuroscier. Neurology.