

70. TREATMENT OF AGGRESSIVE FORMS OF MULTIPLE SCLEROSIS

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Introduction. Aggressive multiple sclerosis is a clinical form of multiple sclerosis (MS) that has remained undefined uniformly, with full consent around the world. This disease form is not common and therefore has not been studied much. Treating MS can be challenging for doctors, and when discussing aggressive MS, the challenge is massive. Aggressive multiple sclerosis treatment, early as possible, has been found to have a major impact on disease course. Ocrelizumab is a recombinant humanised monoclonal antibody to CD20. It is the only therapy approved by the food and drug administration for primary progressive MS (PPMS).

Case presentation. A female patient, 38 years old presents the following complaints: Weakness in the left limbs, numbness in the left hemi-body, dizziness; balance disorders with the movement of the body to the left, sensation of "cotton wool legs", Sensation of electric current on the route of the spine at the movement of the head. diffuse muscle pain, general weaknesses; urinary retention, and constipation. The patient has been diagnosed with MS since 2018. She developed the first symptoms while she was in the United Arab Emirates. A contrast-enhanced brain MRI was recommended, and demyelinating foci are described. She was hospitalised with pulse therapy of Cortisone 1000 N5. In May and December 2020, she had Ocrelizumab. the patient reported an episode of itching with each treatment. At discharge, the condition improved. On physical examination: Marinescu-Radovici positive bilaterally. Cortical hypo-aesthesia on the left, pyramidal hypertonia in the left limbs. Pathological reflexes: Babinski on the left, Jacobson positive, clonus reflex on the left. Intention tremor on the left with asymmetry. Romberg: slight instability. The diagnosis: PPMS, clinically and imaging defined. Moderate hemiparesis on the left. Hemi-hyposensitivity syndrome on the left. Cerebellar disorders (asymmetry). Cognitive-behavioural disorders. Sphincter disorders (urinary retention, constipation). Diffuse neuropathic pain projected in the lower limbs. EDSS 3.

Discussion. In this case the patient has taken Ocrelizumab. She had an exacerbation since she should have taken another dose and didn't. This case is proving the effectiveness of Ocrelizumab for PPMS, along with a side effect which affected the patient's quality of life.

Conclusion. Ocrelizumab is the only therapeutic option approved for PPMS, which makes it an important therapy for aggressive MS. It is an effective treatment. Adverse events can be infusion reactions, infections, and breast cancer.