

OCTOBER 14, 2010

ECTRIMS and CCSVI, Update (1)

Some more abstracts from ECTRIMS became available, please include 2 previous posts to this list.

MRI results of blinded chronic cerebrospinal venous insufficiency study in patients with multiple sclerosis, healthy controls and patients with other neurologic diseases

R. Zivadinov, G. Cutter, K. Marr, M. Ramanathan, R.H.B. Benedict, M. Elfidil, N. Bergsland, C. Morgan, E. Carl, D. Hohnacki, E. Yeh, L. Willis, M. Cherneva, S. Hussein, J. Durfee, C. Kennedy, M. Dwyer, B. Weinstock-Guttman (Buffalo, Birmingham, US)
Conclusions: Presence of CCSVI is significantly related to more severe lesion and brain atrophy MRI measures.

Associations of HLA DR*1501 status and chronic cerebrospinal venous insufficiency in multiple sclerosis

B. Weinstock-Guttman, R. Zivadinov, G. Cutter, M. Tamano-Blanco, D. Badgett, K. Marr, E. Carl, M. Elfidil, C. Kennedy, M. Ramanathan (Buffalo, Birmingham, US)
Conclusions: These cross sectional data support an association between CCSVI and MS progression separate from HLA*DR1501. This association could imply that CCSVI is a risk factor for the progression of disease or that it is a consequence of the progression. Longitudinal studies need to be conducted to decipher the meaning and implications of this association

Endovascular treatment for chronic cerebrospinal venous insufficiency in multiple sclerosis. A longitudinal pilot study

P. Zamboni, R. Galeotti, B. Weinstock-Guttman, G. Cutter, E. Menegatti, A.M. Malagoni, D. Hohnacki, M. Dwyer, N. Bergsland, M. Hiennen-Brown, A. Salter, C. Kennedy, I. Bartolomei, F. Salvi, R. Zamboni (Ferrara, IT; Buffalo, Birmingham, US; Bologna, IT)

Conclusions: Treatment with PTA was safe and well tolerated. Rate of restenosis was low, 0% in the AZY and 29% in the LJV. Further and larger studies are needed to determine the effect of EVT for CCSVI in MS.

Safety and complications related to endovascular treatment for chronic cerebrospinal venous insufficiency in multiple sclerosis patients

M. Simka, T. Ludyga, M. Kazibudzki, M. Hartel, M. Swierad, J. Piegza, P. Latacz, L. Sedlak, M. Tochowicz (Katowice, Zabrze, PL)

Conclusion: Regardless of the actual impact of the endovascular treatments for venous pathology on the clinical course of multiple sclerosis, which warrants more clinical studies and long term follow-ups, these procedures appeared to be safe and well tolerated by the patients.

Use of magnetic resonance venography for visualisation of the internal jugular veins in patients with multiple sclerosis diagnosed with chronic cerebrospinal venous insufficiency and treated with percutaneous angioplasty

A. Lopez-Soriano, R. Zivadinov, R. Galeotti, D. Hohnacki, E. Menegatti, C. Schirda, A.M. Malagoni, K. Marr, C. Kennedy, I. Bartolomei, C. Magnano, F. Salvi, B. Weinstock-Guttman, P. Zamboni (Buffalo, US; Bologna, IT)

Conclusion: MRV has limited value to assess CCSVI for both diagnostic and follow-up purposes.

Clinical correlates of chronic cerebrospinal venous insufficiency in multiple sclerosis

B. Weinstock-Guttman, G. Cutter, K. Marr, D. Hohnacki, M. Ramanathan, R.H.B. Benedict, C. Morgan, E.A. Yeh, E. Carl, C. Kennedy, J. Reuther, C. Brooks, M. Elfidil, M. Andrews, R. Zivadinov (Buffalo, Birmingham, US)

Conclusions: The presence of CCSVI in MS patients was associated with more advanced MS disease subtypes and more severe motor, cerebellar and brainstem involvement.

Correlation of localisation and severity of extracranial venous lesions with clinical status of multiple sclerosis

M. Simka, T. Ludyga, M. Kazibudzki, A. Adamezyk-Ludyga, J. Wrobel, P. Latacz, J. Piegza, M. Swierad (Katowice, PL)

Conclusion: It has been revealed that at least some elements of clinical characteristics of MS correlated with parameters of CCSVI. These findings indicate that most likely both pathologies are interconnected and CCSVI may play a role in the pathogenesis and progression of MS. Importantly, venous lesions in differently aged patients were comparable, and severity of venous lesions did not correlate with duration of MS. This finding favors the idea of congenital nature of those vascular malformations.

Multiple sclerosis patients with chronic cerebrospinal venous insufficiency present with increased iron concentration on susceptibility-weighted imaging in deep-grey matter

R. Zivadinov, M. Heininen-Brown, C. Schirda, C. Magnano, D. Hohnacki, C. Kennedy, E. Carl, N. Bergsland, S. Hussein, M. Cherneva, L. Willis, M. Dwyer, B. Weinstock-Guttman (Buffalo, US)

Conclusion: This is the first large cohort study suggesting an important association between presence and severity of CCSVI and increased IC in DGM regions of MS patients.

No evidence for cerebro-cervical venous congestion in patients with multiple sclerosis

F. Doepp, F. Paul, J.M. Valdueza, K. Schmierer, S.J. Schreiber (Berlin, Bad Segeberg, DE; London, UK)

Conclusion: This data confirms in a larger cohort our recently published study challenging the hypothesis that cerebral venous congestion plays a significant role in the pathogenesis of MS.

Future studies should elucidate the difference between patients and healthy subjects in BVF regulation
