Pediatric Neurology: Chapter 133. Pediatric multiple sclerosis (Handbook of Clinical Neurology)

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Recognition of multiple sclerosis (MS) and other acquired demyelinating disorders in children has increased significantly in the last decade. Consensus definitions that characterize the varied clinical presentations of acute demyelination, and proposed clinical and MRI criteria specific for MS in children have aided diagnostic consistency. Care of children with an acute demyelinating attack is influenced by clinical severity, with corticosteroids, immunoglobulin, and plasma exchange being the most commonly employed therapies. Children with confirmed MS are often managed with immunomodulatory therapies (interferon and glatiramer acetate) approved for the treatment of MS in adults. Routine assessment of hepatic and hematological cell indices are important to monitor for safety of interferon therapy. While clinical treatment trials of interferon and glatiramer acetate in pediatric MS have yet to be conducted, case series evidence supports clinical safety and relapse rate reduction in the pediatric MS population. Epidemiological studies have implicated place of residence during childhood as a key determinant of MS risk. As such, pediatric-onset MS provides an opportunity to explore these risk factors contemporaneous with the clinical onset of disease. Studies of vitamin D, microbial exposures, and parental smoking are areas under active investigation. Finally, research exploring primary immunological mechanisms and host responses in patients with pediatric-onset MS, who by virtue of their young age may harbor fewer extraneous immune abnormalities, may yield new insights into the fundamental pathobiology of MS.

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