

# When it's something else



by Aviva Patz

If it wasn't challenging enough to have your MS finally diagnosed, other conditions can have remarkably similar symptoms, which may also be mistaken for aging and/or MS progression.

With these "MS mimics," the symptoms may look the same, but treatments are very different. The Multiple Sclerosis Foundation warns of these look-alike conditions:

## Aging with MS

Learn to distinguish symptoms of progressing MS from normal aging—and from other health conditions. Read the feature article, "[Aging with MS.](#)"

- **Acute disseminated encephalomyelitis (ADEM)**, a demyelinating, neurological disease characterized by inflammation of the brain and spinal cord. Symptoms may include headache, seizure, stiff neck, optic neuritis, vomiting, weight loss, lethargy, delirium, and sometimes paralysis—but it's generally limited to a single episode.
- **Systemic lupus erythematosus (SLE)**, a chronic, inflammatory disease that can cause achy, swollen joints, extreme fatigue, anemia, skin rash, sun or light sensitivity, hair loss, seizure, and Raynaud's phenomenon, where fingers turn white or blue in the cold. An antinuclear antibody test can help confirm a lupus diagnosis.
- **Sjögren's syndrome**, a chronic disease in which white blood cells attack the moisture-producing glands throughout the body. Symptoms include dry eyes and mouth, difficulty swallowing and speaking, fatigue, joint pain, decreased sensation and numbness. There is a wide range of disability. Nerve conduction velocity tests can help

distinguish between MS and Sjögren's.

- **Myasthenia gravis (MG)**, an autoimmune disease in which the nerve impulse that initiates movement fails to reach the muscle cells, causing weakness, including droopy eyelids, facial weakness, impaired eye coordination, weakness of the limbs, neck, shoulders, hips and trunk muscles. Muscle fatigue is common, but it's localized. A blood test for serum antibodies can confirm MG.
- **Lyme disease**, an infection caused by a bacterium carried by deer ticks, characterized by severe fatigue, a stiff, aching neck, tingling or numbness in the extremities, and facial palsy. Diagnosis should be made on the basis of symptoms and evidence of a tick bite, not blood tests, which can often give false results.
- **Human T-cell lymphotropic virus-1 (HTLV-1)**, a progressive spinal cord condition causing spasticity, partial paralysis of the lower limbs, bladder and bowel incontinence, and impotence. Doctors can rule out HTLV-1 with a titer, a type of elevated antibody test.
- **Neuromyelitis optica (NMO)**, an autoimmune disorder in which immune system cells and antibodies mistakenly attack and destroy myelin cells in the optic nerves and the spinal cord, leading to pain and loss of vision, weakness or paralysis in the legs or arms, loss of sensation, and problems with bladder and bowel function. It can be a single attack lasting a month or two, or a series of relapses over time. Attacks are acute and can cause irreversible damage.
- **Neurosyphilis**, or advanced syphilis, causes visual problems, cognitive changes, and sensory or motor tract dysfunction. A test of antibodies can rule it out.
- **Strokes** can mimic an MS attack. Symptoms include sudden trouble with vision in one or both eyes, sudden trouble walking, dizziness, loss of coordination, sudden severe headache, confusion, trouble speaking or understanding, sudden nausea, fever, vomiting or loss of consciousness. People with MS are often misdiagnosed with stroke.
- **Central nervous system angitis**, an inflammation of the blood vessels of the brain, can produce headache, confusion and other neurologic deficits that slowly progress.
- **Dural arteriovenous fistulas**, a condition in which abnormal structures of blood vessels along the spinal cord deprive it of blood, resulting in weakness, bladder and bowel changes, and sensory symptoms, all of which appear in a relapsing or progressive manner. MRI of the spinal cord or spinal angiography may be required to confirm diagnosis.
- **Binswanger's**, a cerebrovascular disease usually seen in older patients with high blood pressure. There can be demyelination of the white matter surrounding the brain, similar to white matter lesions seen in MS.

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