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## Letter to the Editor

# Multiple sclerosis: making the invisibles visible

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Sir,

Multiple sclerosis (MS), a chronic inflammatory autoimmune disease with its protean manifestations commonly present as motor weakness, diplopia, visual loss, sensory symptoms in limbs or face or even bladder and bowel dysfunction. Underneath the umbrella of these common symptoms many invisible, unpredictable and erratic symptoms persists which complicates both the clinical presentation and the treatment. As majority of these symptoms are subjective so their true assessment on objective ground is difficult. It is important to consider that patients with MS and their care-takers should have reasonable knowledge about these symptoms because if these symptoms go unidentified or untreated then they may lead to a difficult diagnostic dilemma hence complicates further management. The frequency and severity of these unusual symptoms at times raise a suspicion of other neurological diseases. The occurrence of any of these symptoms at times may be a sign of active disease.[1]

The invisible symptoms in the form of 'breathing difficulty' manifesting as difficulty in exhalation is mostly associated with productive cough. This is seen in late stage of disease because of reduced lung capacity. About 6%-8% of MS patients develop either intermittent or continuous 'hearing loss' due to development of a plaque anywhere in the course of auditory pathway. Another troublesome and irritating symptom is 'severe pruritis' (without any skin irritation or allergy to scratch) which does not respond to routine topical applicant. Similarly severe burning, stabbing or shooting unilateral jaw/facial pain may be the first symptom of MS.

Raising the suspicion of extrapyramidal disease, 'tremors' which are provoked or intensified with movement affecting arm, leg, tongue or even vocal cords are also seen. The resultant poor coordination or incoordination makes the simplest activities of daily life very difficult. These tremors generally do not respond to satisfactory levels.[2]

2%-5% of patients with MS experience 'epileptic seizure' either as an initial symptom or as an indicator of relapse. Clinically manifesting as partial seizure with or without secondary generalization they generally respond well to conventional antiepileptic drugs but at times these drugs conversely worsen the symptoms of MS.[3] 'Heat Sensitivity' or intolerance commonly known as uhthoff's phenomenon is another very distressing symptom. A mild rise in body temperature due to sunbathing, exercise, fatigue, emotional upset worsens the existing sign and symptoms. These symptoms disappear with rest and cooling and does not have any long term consequences. This is due to hypersensitivity of demyelinated neurons of central nervous system.[4]

'The MS hug' also known as 'anaconda sign' is extremely uncomfortable feeling in the form of gripping, squeezing or crushing like a crushing hug reflect underlying spasticity. This feeling is also associated with respiratory distress which further intensifies the feeling but it generally subsides on its own without any medication. Disturbed sleep or 'insomnia' due to underlying depression, night time frequent urination, restless legs and periodic limb movement or due to poor sleep hygiene is seen in approximately 50% of patients with MS. This exacerbates the most common and debilitating symptoms i.e. fatigue. Abstinence of alcohol or caffeinated drink and restricted liquid intake in night and good sleep hygiene is the core way to management.[5] 'Sexual dysfunction' in the form of decreased libido, poor orgasm and decreased vaginal secretion associated with dyspareunia are seen in 50% females having MS.[6] Considering in all, it is therefore important to identify and evaluate these unusual or invisible symptoms to manage MS more efficiently.

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