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MOGAD: A disease of many faces

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The aim of this report is to present three clinical cases of myelin oligodendrocyte glycoprotein antibody disease (MOGAD) with completely different courses.
A 56-year-old male patient with only one episode of bilateral papillitis, pain on eye movement, and moderate visual impairment. MRI of the brain and cervical spine did not reveal any associated demyelinating lesions. His condition fully improved with corticosteroid therapy following the ONTT (Optic Neuritis Treatment Trial) protocol.
A 16-year-old female patient with three relapses of right-sided papillitis and two relapses of left-sided papillitis, requiring, in addition to prolonged corticosteroid therapy, treatment with monthly IVIG applications and the introduction of rituximab. MRI of the brain and cervical spine revealed a demyelinating lesion in the left thalamus and an extended involvement of both optic nerves.
A 14-year-old female patient with a known leukodystrophic type of MOGAD, who developed bilateral optic neuritis with severe visual impairment after the discontinuation of tocilizumab. MRI of the brain and entire spinal cord showed extensive progression of demyelinating changes throughout the right hemisphere, with areas of contrast enhancement, as well as involvement under both basal ganglia and in the left insular region. Extensive involvement of the posterior part of both optic nerves and the chiasm was described. Due to an insufficient response to intensive corticosteroid treatment, visual function was only restored after six cycles of plasmapheresis. The clinical condition is currently stable with monthly IVIG applications.

MOGAD: Bolezen mnogih obrazov

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Namen prispevka je predstaviti tri klinične primere bolezni, povzročene s protitelesi proti mielin oligodendrocitnemu glikoproteinu (Myelin oligodendrocyte glycoprotein antibody disease – MOGAD), s povsem različnim potekom.
56-letni bolnik je imel zgolj eno epizodo obojestranskega papilitisa, bolečo bulbomotoriko in zmerno poslabšanje vida. MR glave in vratne hrbtenjače nista prikazali pridruženih demielinizacijskih lezij. Stanje se je povsem izboljšalo ob kortikosteroidni terapiji po protokolu ONTT (Optic Neuritis Treatment Trial).
16-letna bolnica je imela tri recidive desnostranskega papilitisa in dva recidiva levostranskega papilitisa. Poleg dolgotrajne kortikosteroidne terapije je bila potrebna še terapija z mesečnimi aplikacijami IVIG ter uvedba rituksimaba. MR glave in vratne hrbtenjače sta prikazali demielinizacijsko lezijo v levem talamusu ter v daljšem poteku obeh vidnih živcev.
14-letna bolnica z znanim levkodistrofičnim tipom MOGAD je ob ukinitvi tocilizumaba razvila obojestranski optični nevritis s hudim poslabšanjem vida. MR glave in celotne hrbtenjače sta prikazali obsežen progres demielinizacijskih sprememb v celotni desni hemisferi s področji obarvanja pod bazalnimi gangliji, obojestransko ter levo insularno. Opisan je bil obsežen zajem posteriornega dela obeh vidnih živcev ter kijazme. Vidna funkcija se je zaradi nezadostnega odziva na intenzivno kortikosteroidno zdravljenje povrnila šele po šestih ciklusih plazmafereze. Trenutno je klinična slika stabilna ob mesečnih aplikacijah IVIG.