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SIMULTANEOUS PML-IRIS AFTER DISCONTINUATION OF NATALIZUMAB IN A PATIENT WITH MS

Stella Marousi, Maria Travarou, Clementine E. Karageorgiou, Athens, Greece: Gheuens et al.¹ presented a case of progressive multifocal leukoencephalopathy-immune reconstitution inflammatory syndrome (PML-IRIS) 2 months after natalizumab discontinuation. Their patient had an active history of ethanol abuse, which can be considered a 'functional' equivalent to immunosuppression. Interestingly, prior use of immunosuppressants has been included in the recently developed risk-stratification algorithm for PML.² This case underscores the need for clinicians to adopt a wider concept of immunosuppression, rather than restricting it solely to the use of pharmacologic agents. We and others published 3 cases of definitive severe multiple sclerosis (MS) rebound about 2 months following natalizumab discontinuation,³⁻⁵ and further implied that younger patients are more prone to such relapses.⁵ However, Gheuens et al. concluded that new enhancing MRI lesions after natalizumab withdrawal may also be the manifestation of PML-IRIS.¹ As experience from patients discontinuing natalizumab and switching to other therapies mounts, a high degree of clinical vigilance for both incidences (i.e., MS rebound and PML) should follow the immediate

post-natalizumab period. However, until official guidelines are issued, it is unclear exactly how patients should be treated in the interval between natalizumab and the next therapeutic choice.

Author response: Sarah Gheuens, Igor J. Koralnik, Boston: We thank Marousi et al. for their comments on our article. We agree that PML may also occur in the setting of occult or minimal immunosuppression, as seen in 5 cases at our center and in 33 previously reported patients.⁶ As they mention, clinicians should be aware that either PML-IRIS or a relapse of MS may occur after discontinuation of natalizumab.

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