

Doença desmielinizante inflamatória idiopática recorrente,
caracteristicamente envolvendo nervos ópticos e medula espinhal,
possível em crianças e adultos.

- ✓ Não é considerada uma variação da esclerose múltipla, mas sim **outra entidade clínica.**
- ✓ Lesões cerebrais geralmente restritas a uma distribuição geográfica particular: órgãos circunventriculares.
- ✓ Subst. branca cerebral relativamente poupada.
- ✓ Anticorpos anti-aquaporina 4: NMO-IgG (S 75%, E 90%).
- ✓ Dentre os pacientes que não tem NMO-IgG+, boa parte tem anti-MOG IgG, com curso clínico geralmente menos grave.
- ✓ Pode estar associada a outras manifestações autoimunes, como lúpus e síndrome de Sjögren.

Table 1: 2015 IPND Criteria for NMOSD

Diagnostic criteria for patients with AQP4-IgG-positive status

At least one core clinical characteristic

AQP4-IgG-positive status

Exclusion of alternative diagnoses

Diagnostic criteria for patients with AQP4-IgG-negative or unknown status

At least two core clinical characteristics occurring as a result of one or more clinical attacks and all of the following requirements:

At least one core clinical characteristic must be optic neuritis, acute myelitis with LETM, or area postrema syndrome

Dissemination in space (two or more different core clinical characteristics)

MR imaging requirements, as applicable

AQP4-IgG-negative status or testing unavailable

Exclusion of alternative diagnoses

Core clinical characteristics

Optic neuritis; acute myelitis; area postrema syndrome (hiccups; nausea and vomiting); acute brainstem syndrome; symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MR imaging lesions; symptomatic cerebral syndrome with NMOSD-typical brain lesions

MR imaging requirements for patients with AQP4-IgG-negative or unknown status

Acute optic neuritis (requires one of the following):

Brain MR imaging showing normal findings or only nonspecific white matter lesions

Optic nerve MR imaging showing a T2-hyperintense lesion or a T1 gadolinium-enhancing lesion extending over more than one-half of the optic nerve length or involving the optic chiasm

Acute myelitis (requires one of the following):

Lesion extending over three or more contiguous segments (LETM)

Spinal cord atrophy involving three or more contiguous segments

Area postrema syndrome

Dorsal medulla/area postrema lesion

Acute brainstem syndrome

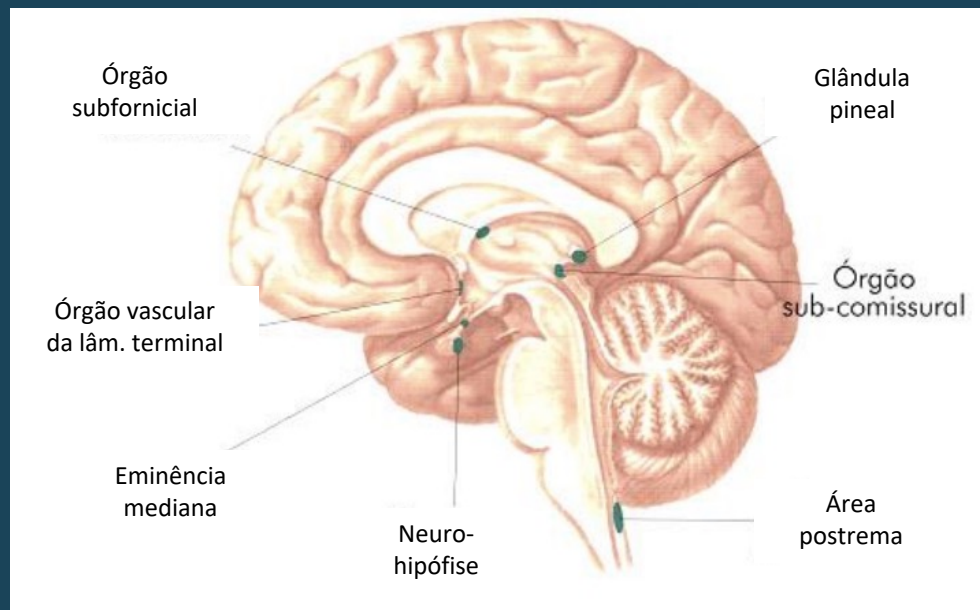
Periependymal brainstem lesions

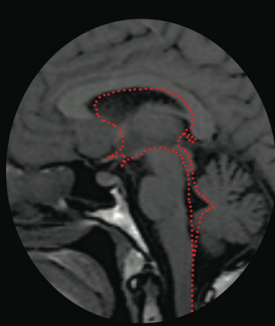
Source.—Reference 5.

Note.—IPND = International Panel for NMO Diagnosis, LETM = longitudinally extensive transverse myelitis.

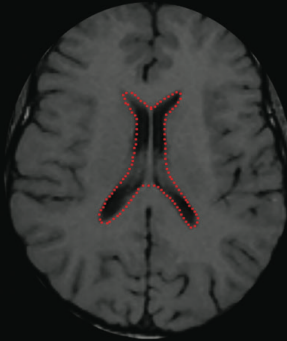
Áreas cerebrais sem barreira hematoencefálica, que permitem que o cérebro monitore mudanças homeostáticas na circulação sistêmica:

- ✓ neuro-hipófise
- ✓ glândula pineal
- ✓ órgão subcomissural
- ✓ eminência mediana
- ✓ órgão subfornicial
- ✓ órgão vascular
- ✓ área postrema

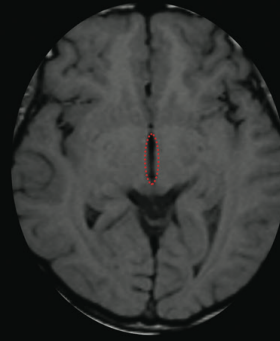




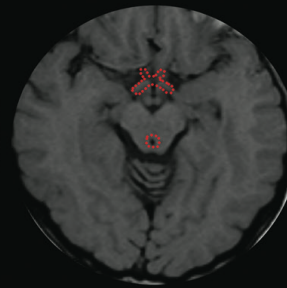
Superfície periependimária do corpo caloso, hipotálamo, área periaquedutal, área postrema e canal central da medula espinhal



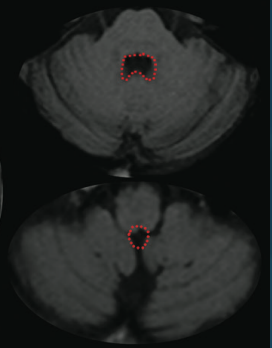
Superfície periependimária dos ventrículos laterais



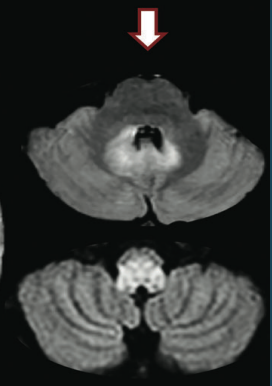
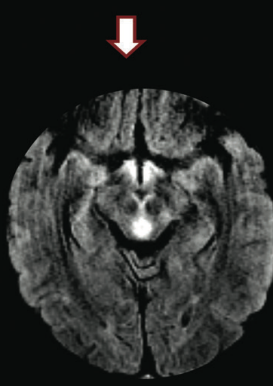
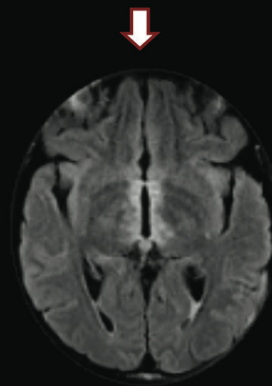
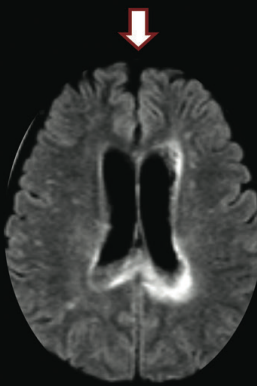
Superfície periependimária do III ventrículo (região diencefálica)



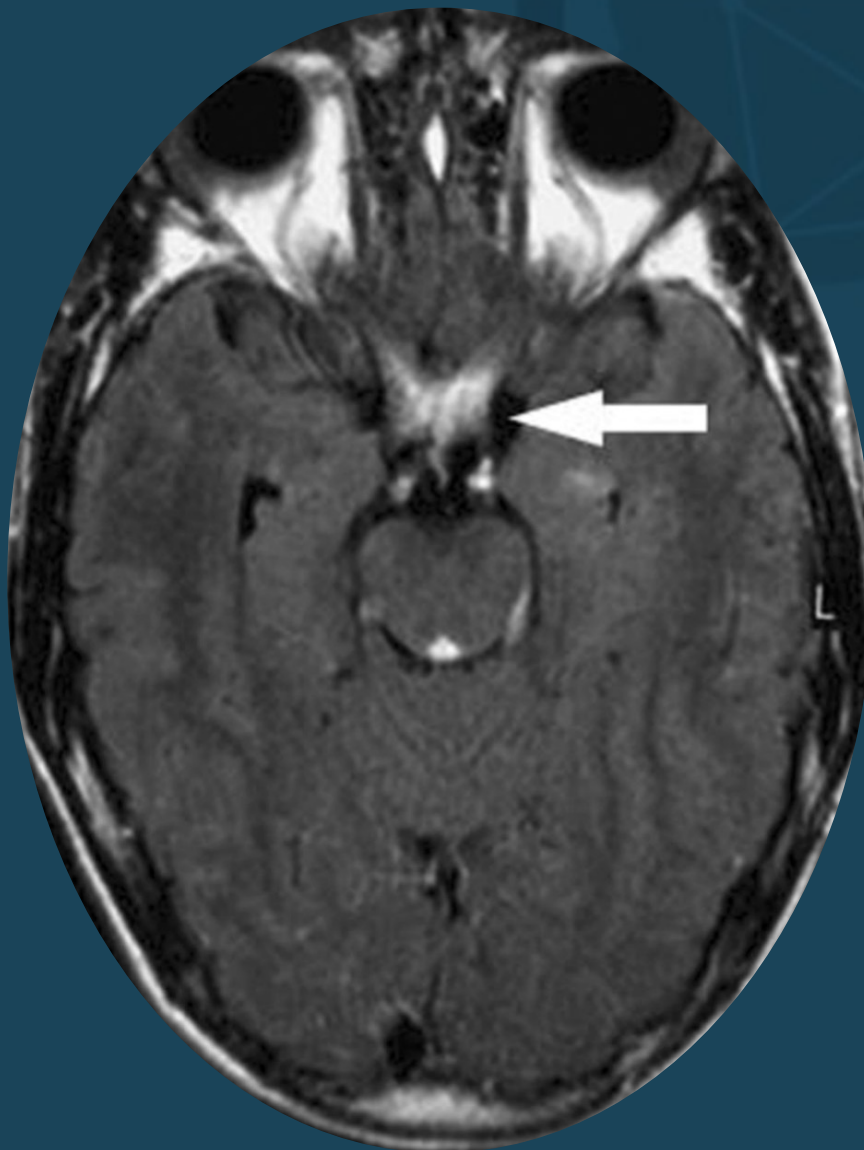
Área periaquedutal e quiasma óptico



Superfície periependimária do IV ventrículo e área postrema



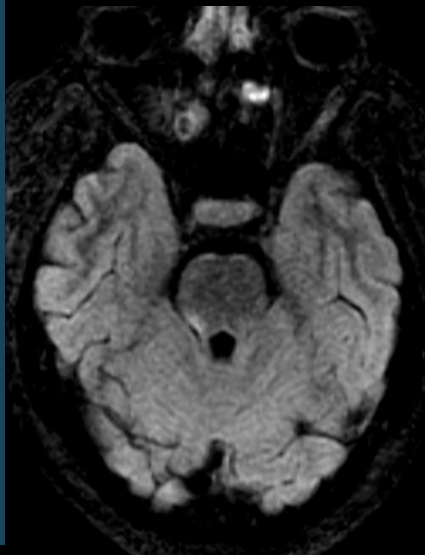
Neurite óptica: tipicamente bilateral



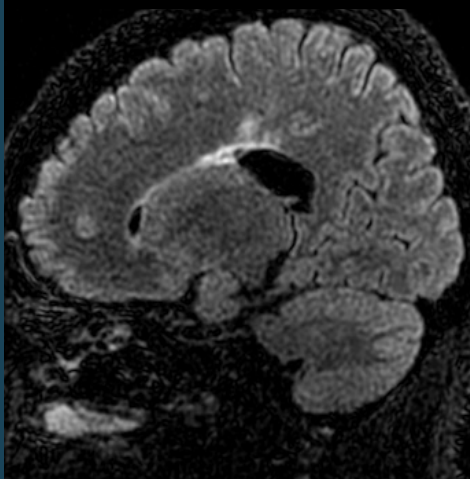
Lesões encefálicas e mielite longitudinalmente extensa (extensão de > 3 corpos vertebrais)



Axial FLAIR



Sagittal FLAIR



Sagittal T2



Sagittal T1-Gd



Research Paper

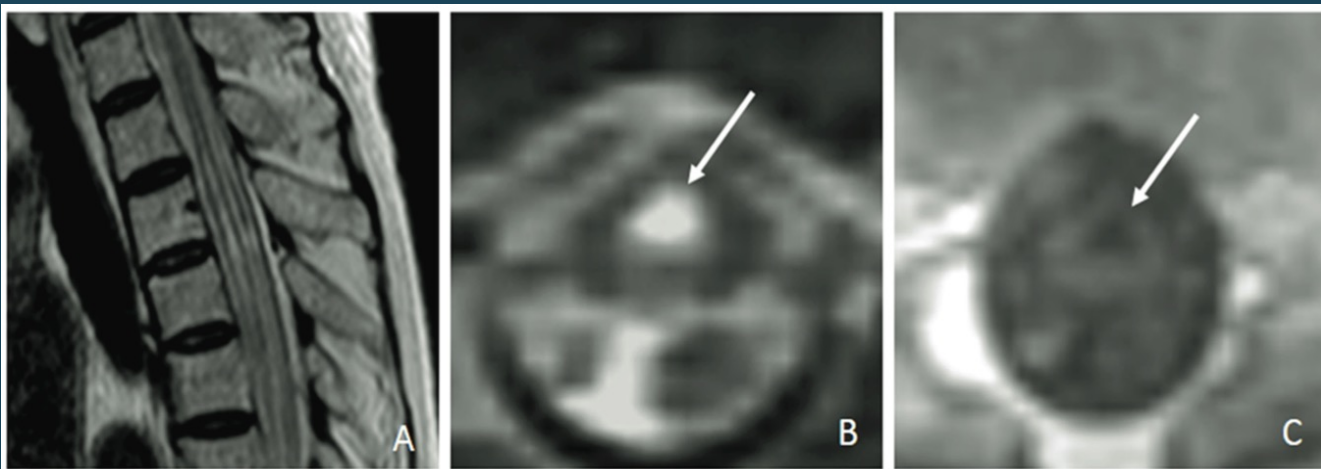
MULTIPLE
SCLEROSIS
JOURNAL

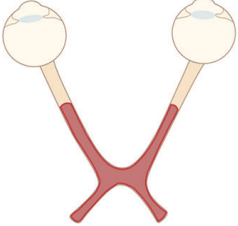
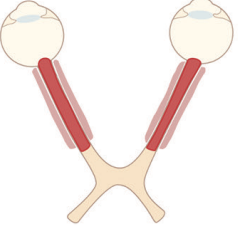
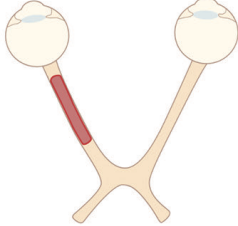
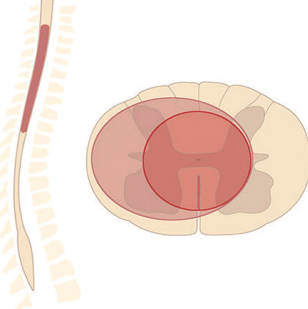
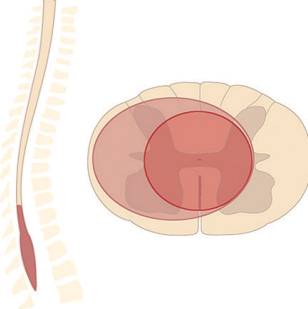
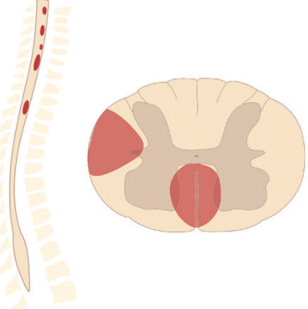
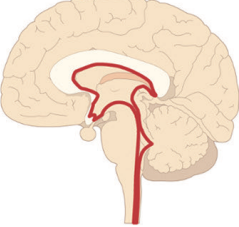
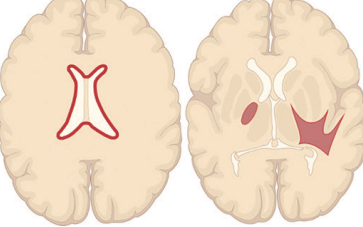
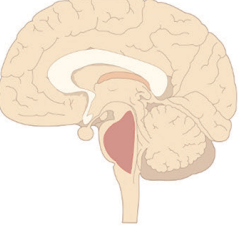
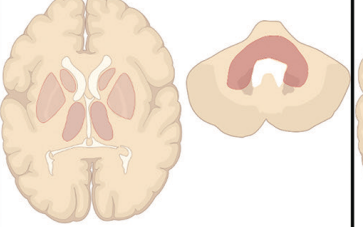
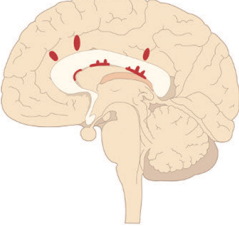
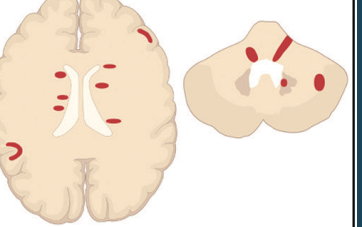
MSJ

"Bright spotty lesions" on spinal magnetic resonance imaging differentiate neuromyelitis optica from multiple sclerosis

Multiple Sclerosis Journal
2014, Vol. 20(3) 331–337
© The Author(s) 2013
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1352458513495581
msj.sagepub.com
SAGE

Tadahiro Yonezu¹, Shoichi Ito¹, Masahiro Mori¹,
Yoshitsugu Ogawa², Takahiro Makino³, Akiyuki Uzawa¹
and Satoshi Kuwabara¹



	NMOSD-AQP4-IgG+	MOG-IgG+	Multiple Sclerosis
A) Optic nerve			
B) Spinal cord			
C) Brain	 	 	 

- Dutra B et al. Neuromyelitis Optica Spectrum Disorders: Spectrum of MR Imaging Findings and Their Differential Diagnosis. *RadioGraphics* 2018; 38:169–193.
- Tenenbaum S et al. Neuromyelitis optica spectrum disorders in children and adolescents. *Neurology* 2016; 87(9 Suppl 2):S59-66.
- Yonezu T et al. “Bright spotty lesions” on spinal magnetic resonance imaging differentiate neuromyelitis optica from multiple sclerosis. *Multiple Sclerosis Journal* 2014;20(3):331-7.