Réunion Réseau Rhône-Alpes SEP
Lyon, le 7 février 2017

Nouvelle classification évolutive de la SEP

Pr. Sandra VUKUSIC

Département « Sclérose en plaques, pathologies de la myéline et neuro-inflammation »
Hôpital Neurologique Pierre Wertheimer – Hospices Civils de Lyon – France
Fondation Eugène Devic EDMUS sur la Sclérose en Plaques
Observatoire Français de la Sclérose en Plaques (OFSEP)
Centre de Recherche en Neurosciences de Lyon - INSERM 1028 et CNRS UMR5292
Université Claude Bernard Lyon 1

Déclaration Publique d'Intérêts

S. Vukusic reports receiving consulting and lecture fees, travel grants and research support from Bayer-Schering, Biogen Idec, Geneuro, Genzyme, Novartis, Merck Serono, Roche, Sanofi Aventis and Teva Pharma.

Evolution générale de la SEP

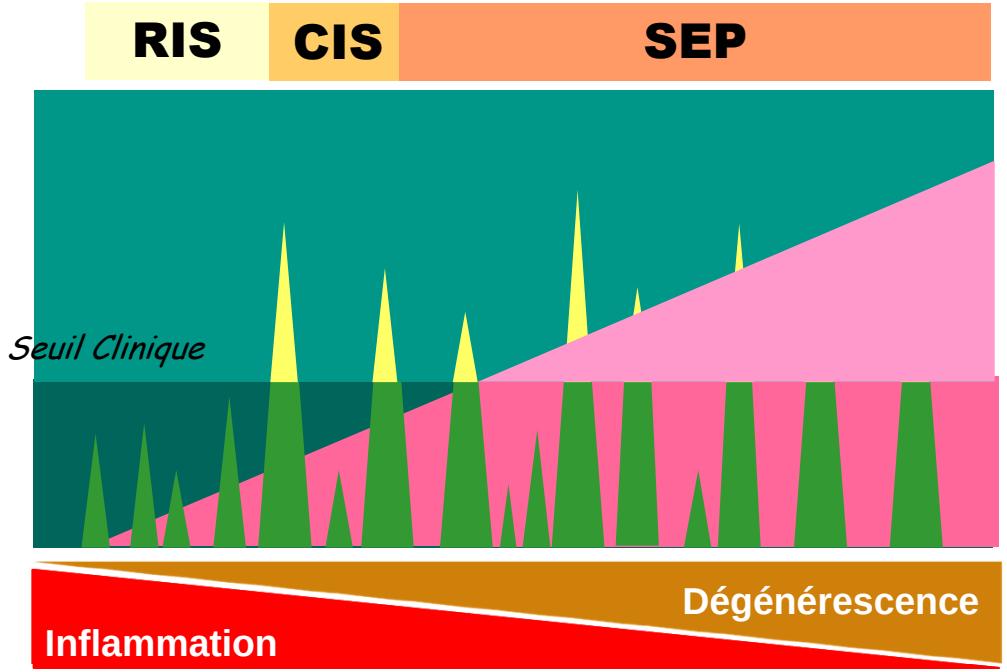
Poussées

> 24 heures
> 1 mois

Activité IRM
< 1/10

Inflammation

multifocale
aigüe, récurrente



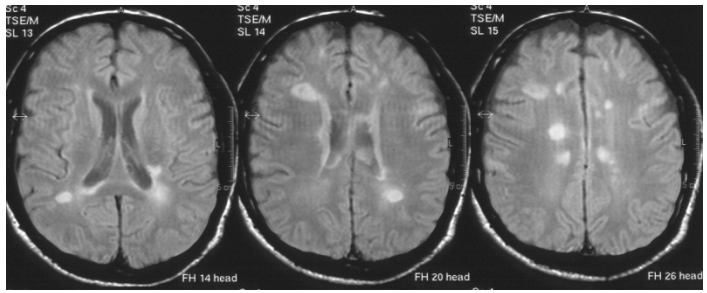
Progression

du Handicap Irréversible
> 6 mois

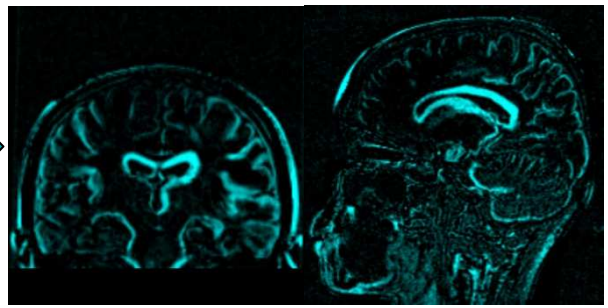
"SBAN"
Atrophie

Dégénérescence

diffuse
précoce, chronique, progressive



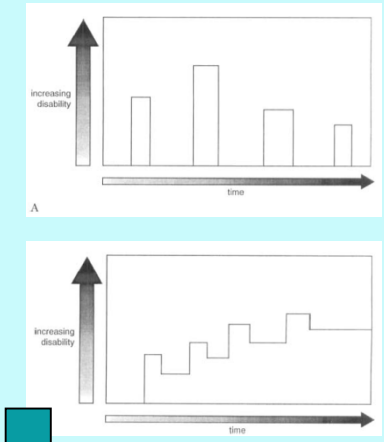
Une troisième composante : l'inflammation microgliale



La référence historique : 1996 - La classification de Lublin and Reingold

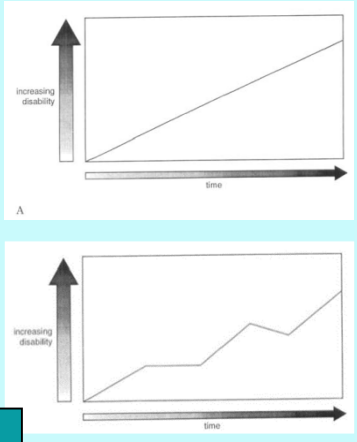
Relapsing-remitting MS

Clearly defined disease relapses with full recovery or with sequelae and residual recovery; periods between disease relapses characterised by a lack of disease progression.



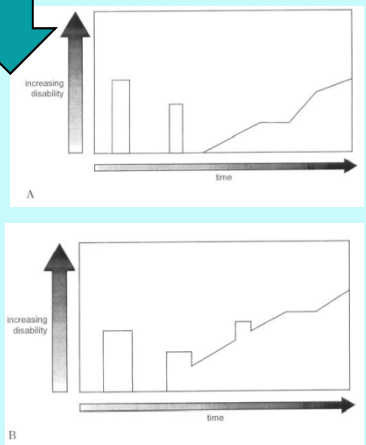
Primary-progressive MS

Disease progression from onset with occasional plateaus and temporary minor improvements allowed.



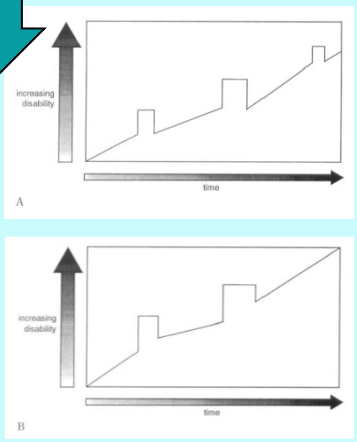
Secondary-progressive MS

Initial RR (relapsing-remitting) disease course followed by progression with or without occasional relapses, minor remissions, and plateaus.



Progressive-relapsing MS

Progressive disease from onset, with clear acute relapses, with or without full recovery; periods between relapses characterised by continuing progression.



Lublin and Reingold. Neurology 1996;46:907-11.

2013 – La nouvelle classification de Lublin

VIEWS & REVIEWS

Defining the clinical course of multiple sclerosis

The 2013 revisions

OPEN

Fred D. Lublin, MD
Stephen C. Reingold, PhD
Jeffrey A. Cohen, MD
Gary R. Cutter, PhD
Per Soelberg Sørensen, MD, DMSc
Alan J. Thompson, MD
Jerry S. Wolinsky, MD
Laura J. Balcer, MD, MSCE
Brenda Banwell, MD
Frederik Barkhof, MD, PhD
Bruce Bebo, Jr., PhD

ABSTRACT

Accurate clinical course descriptions (phenotypes) of multiple sclerosis (MS) are important for communication, prognostication, design and recruitment of clinical trials, and treatment decision-making. Standardized descriptions published in 1996 based on a survey of international MS experts provided purely clinical phenotypes based on data and consensus at that time, but imaging and biological correlates were lacking. Increased understanding of MS and its pathology, coupled with general concern that the original descriptors may not adequately reflect more recently identified clinical aspects of the disease, prompted a re-examination of MS disease phenotypes by the International Advisory Committee on Clinical Trials of MS. While imaging and biological markers that might provide objective criteria for separating clinical phenotypes are lacking, we propose refined descriptors that include consideration of disease activity (based on clinical relapse rate and imaging findings) and disease progression. Strategies for future research to better define phenotypes are also outlined.

Neurology® 2014;83:278-286

De nouveaux concepts pour construire la nouvelle classification

Maladie active

- Cliniquement : poussées, épisodes aigus ou subaigus de troubles neurologiques nouveaux ou s'aggravant, suivies d'une récupération complète ou partielle, en l'absence de fièvre ou d'infection

Et/ou

- Radiologiquement : survenue de lésions T1 réhaussées par le contraste ou de lésions hyperintenses T2 nouvelles ou augmentant de taille de manière non équivoque.

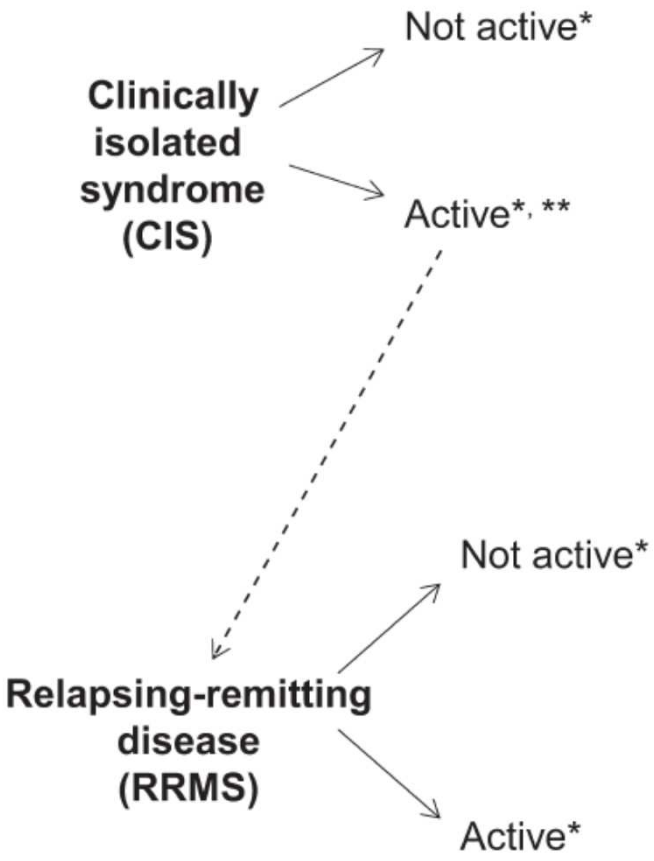
De nouveaux concepts pour construire la nouvelle classification

Maladie progressive

- Cliniquement : aggravation continue documentée objectivement des troubles neurologiques/incapacité sans récupération (des fluctuations et des périodes de stabilité peuvent survenir)

- Radiologiquement : les mesures radiologiques de la progression ne sont pas établies ou standardisées et ne sont donc pas utiles (pour le moment) pour la description phénotypique de patients individuels. Sont en cours d'évaluation l'augmentation du nombre et du volume des lésions T1 hypointenses, la perte de volume cérébral et les modifications en imagerie par transfert d'aimantation et tenseur de diffusion.

La phase de poussées



La phase progressive