

Letter to Editor**Hoarseness: could be presentation of multiple sclerosis?**

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In the latest issue of the Journal of Research in Medical Sciences, Dr. Shaygannejad et al<sup>1</sup> described a patient with diagnosis of multiple sclerosis (MS) accompanying by hoarseness. Herein, I shall consider some points on the subject of this exciting case report.

It goes without saying that hoarseness as a manifestation of neurologic disease, after excluding local lesions such as laryngitis or tumors, is essentially the presentation of peripheral nerve involvement and, in fact, a lower motor neuron lesion. In this case report, it is mentioned that the sclerotic involvements of the nerves (i.e. glossopharyngeal and vagus) could have occurred alongside the pathways through the brainstem or with lesser possibility in their nuclei in the brainstem tegmentum,

which means lower motor neuron lesion. However, this is in contrast to MS, which is basically an upper motor neuron disorder. Moreover, it is proposed to consider MS in the list of differential diagnosis for the abrupt hoarseness in young patients; otherwise, I personally believe that this offer would be noticeably an overvalued idea and could provoke unsuitable neuroimaging such as brain MRI for patients presenting with hoarseness alone. In other words, without finding other upper motor neuron signs, and with hoarseness alone, MS is unlikely and no further investigations are required. In sum, provided that there were a history of other neurological systems involvement or simultaneous upper motor neuron signs, looking for MS might be required.

*Farzad Fatehi \****References**

1. Shaygannejad V, Kazemi M, Okhovat A. Hoarseness, a major presenting symptom in a patient with multiple sclerosis. J Res Med Sci 2008; 13: 281-2.

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**In response**

Regarding the comments presented by one of our reader, I need to explain two points: First, our representation did not mean that hoarseness by itself is equal to multiple sclerosis disease (MS) without any history of sign or symptoms of another CNS involvement. As mentioned in our manuscript, the patient had some history of dysuria, paresthesia and some minor signs in physical examination indicating CNS damage.

Second, in literature we can see repeated reports of peripheral nervous system involvement alongside the main CNS signs of the disease, as peripheral neuropathy or cranial nerve involvement in MS. So MS is essentially a CNS disease which can present unusually with some extra axial features.

Thanks for your attention.

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