# THE ONSET OF MULTIPLE SCLEROSIS.

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**Introduction.** Multiple sclerosis (MS) is a chronic autoimmune disease in which the immune system attacks the myelin sheath of nerve cells in the brain and spinal cord. This leads to a disruption in the transmission of nerve impulses.

**Key words:** multiple sclerosis, autoimmune disease, myelin sheath, nerve cells, brain, spinal cord.

**A clinical case.** An 18-year-old girl comes to the neurological department of the Andijan Clinic, complaining of increased fatigue and drowsiness (she comes home from school, goes to bed). Dizziness when changing body position. Paresthesia in the area of the anterior surface of the chest, on the left, in the projection of the 6th-7th intercostal space. From anamnesis: the girl is full-term. Grew and developed by by age. He is not registered on the "D" account. Injuries: fracture of the outer ankle of the right tibia, fracture of the right radius. He denies surgery or seizures. The inheritance of neurological diseases is not burdened. For the first time, complaints of dizziness appeared in February 2024, examined by a neurologist, Diagnosis: VSD. The dizziness persisted and became more intense, and in March 2024, complaints about the difficulty of fixing the gaze were added. She was admitted to a private clinic in her neighborhood. Discharged with a Diagnosis of Neurovegetative dysfunction. Instability of the cervical spine. She received a course of glycine, vitamins B1/B6, physical therapy. Without a clear positive trend. On 12/28/24, MRA of the neck vessels was performed: a picture of asymmetry of blood flow through the vertebral arteries (SD). Re-admission to the hospital in April 2025. Due to persistent complaints of severe weakness, fatigue, and dizziness, she was hospitalized in the neurological department of the ASMI clinic.

**Neurological status:** Clear consciousness. Contact us. Intelligence corresponds to age. The eye slits are symmetrical. Pupils D=S, photoreaction is preserved. The movement of the eyeballs in full. Unstable horizontal nystagmus in the extreme leads. The face is symmetrical. The tongue is in the middle line. Swallowing is not impaired. The muscle tone is physiological. Deep CFS D=S, alive. Performs coordination tests satisfactorily. There are no pathological footmarks. There is a slight stagger in Romberg's pose. Paresthesia in the area of the anterior surface of the chest on the left in projection 6-7 of the intercostal space. Violations no deep sensitivity was detected. Meningeal symptoms are negative.

The data of laboratory research methods (clinical and biochemical blood tests, general urinalysis) correspond to the age norm. When examining visual evoked potentials for the reversed pattern, there are clear signs of deterioration in the conduction of visual afferentation to the cortex on both sides according to the axonal-demyelinating type, more on the left. According to MRI of the brain: in the white matter of both hemispheres of the brain, in

In the periventricular and subcortical sections, multiple rounded foci of the altered MR signal are detected with fairly clear contours, with maximum dimensions up to 1.1*1.45 cm. A focus similar in MR characteristics is visualized in the region of the posterior lobe of the cerebellum on the left.

Multiple foci in the corpus callosum. MR is a picture of the demyelinating process of the brain. In MRI of the brain with intravenous contrast: MR is a picture of the demyelinating process of the brain. MRI of the cervical and thoracic spine: MR-picture of demyelinating spinal cord process. Initial dystrophic changes of the cervical spine. No data for the demyelinating process was obtained on the MRI of the lumbar spine. Thus, anamnesis, clinical data and neuroimaging data make it possible to make a diagnosis of Multiple sclerosis, cerebrospinal form. The active phase.

**Conclusions.** A thorough neurological examination using neuro-imaging in children with minimal clinical manifestations makes it possible to verify the diagnosis and start specific therapy in a timely manner.