The natural course of disease in multiple sclerosis varies. Multiple sclerosis that is clinically apparent but causes minimal disability over time has been labeled benign multiple sclerosis. The ability to predict the subsequent clinical course of multiple sclerosis on the basis of clinical and other supportive data at presentation would be invaluable. In this article we report our findings based on a retrospective analysis of 1800 patients diagnosed as having multiple sclerosis, of which 44 patients met our inclusion criteria. There was a suggestion that a low or absent number of oligoclonal bands in the cerebrospinal fluid at the time of diagnosis predicts a better prognosis. However, quantification of oligoclonal bands in cerebrospinal fluid remains an insensitive prognostic indicator and must not be used to influence decisions regarding therapeutic options.

RESULTS

Seven of 14 patients in the benign group had no OCBs, and the remainder had 2 to 10 OCBs, with a median of 5. Seven of 30 patients with severe MS had no OCBs. The other 23 patients in this group had 2 to 17 OCBs, with a median of 7. Overall, the mean (SD) number of bands in the benign group was 2.86±3.59, fewer than in the severe group (5.70±4.86; \( P = .06 \)) (Figure). There was a suggestion that the absence of OCBs correlated with the course of the disease (\( P = .10 \), Fisher exact test).

COMMENT

It is intriguing why some patients remain OCB negative despite meeting typical cri-

From the Department of Neurology, Washington University School of Medicine, St Louis, Mo. †Dr Trotter died unexpectedly on July 12, 2001.
**PATIENTS AND METHODS**

From the 1800 patients, we selected those who (1) had had CSF studies done at this institution at presentation, (2) had preserved polyacrylamide gels at the time of review, and (3) had a minimum follow-up of 10 years. Excluded were those who had died by the time of analysis, had indistinct OCBs, or had OCBs in both serum and CSF.

We divided patients who met inclusion criteria into benign, mild, moderate, and severe categories on the basis of their level of disability, as assessed by their EDSS scores. Of the 1800 patients, 44 who met the inclusion criteria had “benign” (EDSS <3.5; n=14) or “severe” (EDSS >7.5; n=30) disease. All 44 patients included in our study had had more than 1 clinical attack. Mean follow-up for benign and severe groups was 15.8 and 16.2 years, respectively.

The OCB assays were performed at the time of diagnosis by means of gel electrophoresis and isoelectric focusing with silver staining, and were standardized for all patients. One of us (J.L.T.) determined OCB number in the 44 patients in blinded fashion.

**REFERENCES**