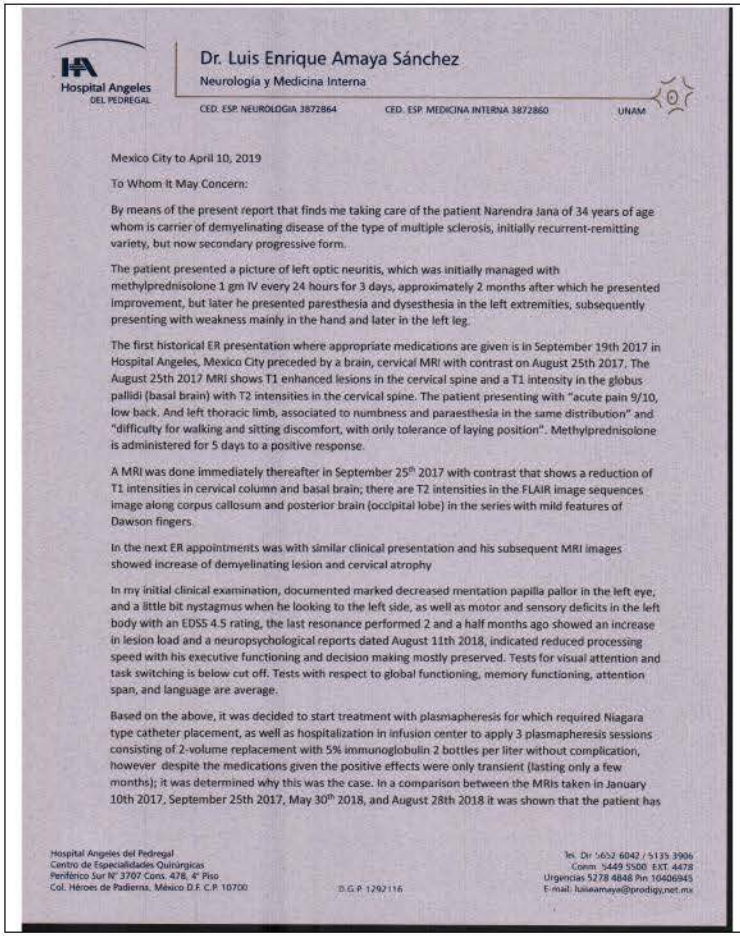
2019 April 10th Mexico City, Mexico – Hospital Angeles – Dr. Luis Amaya

Dr. Luis Amaya

After my trip to Germany, I return to the US and then fly to Mexico City to see Dr. Luis Amaya for a quick clinical summary. In the summary he mentions the outstanding and redundant features (typical) of MS in the MRI series including Dawson's Fingers, the course of treatment involving plasmapheresis, and the long stating effects of the condition. This report is useful for treating physicians.



Hospital Angeles DEL PEDREGAL

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Mexico City to April 10, 2019

To Whom it May Concern:

By means of the present report that finds me taking care of the patient Narendra Jana of 34 years of age whom is carrier of demyelinating disease of the type of multiple sclerosis, initially recurrent-remitting variety, but now secondary progressive form.

The patient presented a picture of left optic neuritis, which was initially managed with methylprednisolone 1 gm IV every 24 hours for 3 days, approximately 2 months after which he presented improvement, but later he presented paresthesia and dysesthesia in the left extremities, subsequently presenting with weakness mainly in the hand and later in the left leg.

The first historical ER presentation where appropriate medications are given is in September 19th 2017 in Hospital Angeles, Mexico City preceded by a brain, cervical MRI with contrast on August 25th 2017. The August 25th 2017 MRI shows T1 enhanced lesions in the cervical spine and a T1 intensity in the globus pallidi (basal brain) with T2 intensities in the cervical spine. The patient presenting with "acute pain 9/10, low back. And left thoracic limb, associated to numbness and paraesthesia in the same distribution" and "difficulty for walking and sitting discomfort, with only tolerance of laying position". Methylprednisolone is administered for 5 days to a positive response.

A MRI was done immediately thereafter in September 25th 2017 with contrast that shows a reduction of T1 intensities in cervical column and basal brain; there are T2 intensities in the FLAIR image sequences image along corpus callosum and posterior brain (occipital lobe) in the series with mild features of Dawson fingers.

In the next ER appointments was with similar clinical presentation and his subsequent MRI images showed increase of demyelinating lesion and cervical atrophy

In my initial clinical examination, documented marked decreased mentation papilla pallor in the left eye, and a little bit nystagmus when he looking to the left side, as well as motor and sensory deficits in the left body with an EDSS 4.5 rating, the last resonance performed 2 and a half months ago showed an increase in lesion load and a neuropsychological reports dated August 11th 2018, indicated reduced processing speed with his executive functioning and decision making mostly preserved. Tests for visual attention and task switching is below cut off. Tests with respect to global functioning, memory functioning, attention span, and language are average.

Based on the above, it was decided to start treatment with plasmapheresis for which required Niagara type catheter placement, as well as hospitalization in infusion center to apply 3 plasmapheresis sessions consisting of 2-volume replacement with 5% immunoglobulin 2 bottles per liter without complication, however despite the medications given the positive effects were only transient (lasting only a few months); it was determined why this was the case. In a comparison between the MRIs taken in January 10th 2017, September 25th 2017, May 30th 2018, and August 28th 2018 it was shown that the patient has

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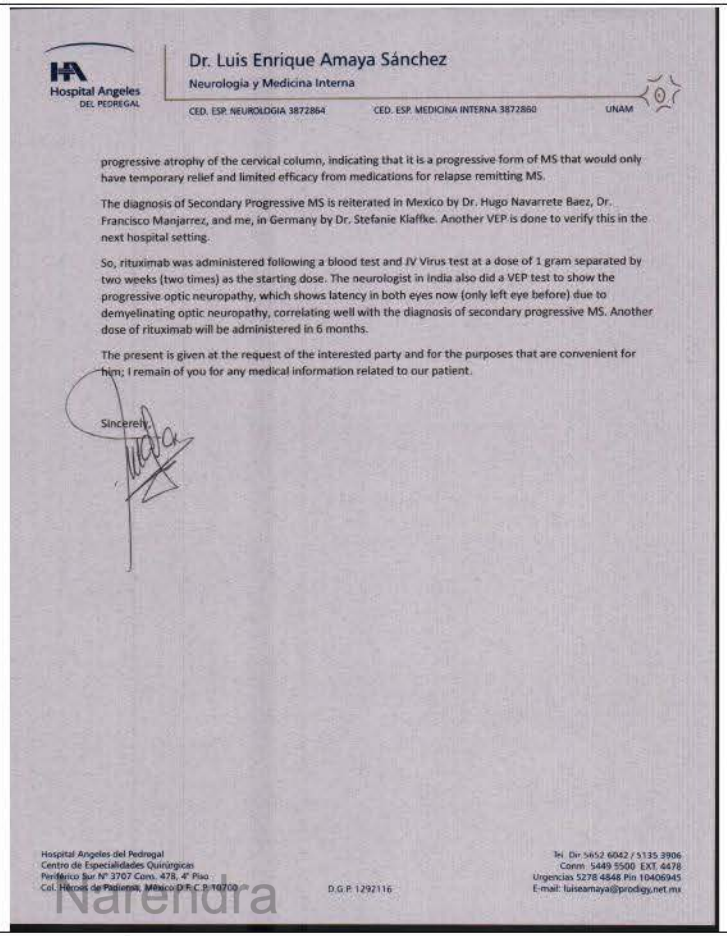

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progressive atrophy of the cervical column, indicating that it is a progressive form of MS that would only have temporary relief and limited efficacy from medications for relapse remitting MS.

The diagnosis of Secondary Progressive MS is reiterated in Mexico by Dr. Hugo Navarrete Baez, Dr. Francisco Manjarrez, and me, in Germany by Dr. Stefanie Klaffke. Another VEP is done to verify this in the next hospital setting.

So, rituximab was administered following a blood test and JV Virus test at a dose of 1 gram separated by two weeks (two times) as the starting dose. The neurologist in India also did a VEP test to show the progressive optic neuropathy, which shows latency in both eyes now (only left eye before) due to demyelinating optic neuropathy, correlating well with the diagnosis of secondary progressive MS. Another dose of rituximab will be administered in 6 months.

The present is given at the request of the interested party and for the purposes that are convenient for him; I remain of you for any medical information related to our patient.

Sincerely,

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