

Multiple Sclerosis in Latin America

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Key Words

Multiple sclerosis, geographic distribution · Latin America

Introduction

The epidemiology of multiple sclerosis (MS) has been thoroughly studied in developed countries, particularly in areas traditionally known for their high prevalence. However, there is a dearth of epidemiological information on MS from large areas of the world. It is generally accepted that MS incidence and prevalence are higher in latitudes north and south of the Equator with prevalences ranging from 80 to 300/100,000. In contrast, its prevalence in Africa, Asia and South America has been estimated around 5/100,000 [1, 2]. However, lack of adjustment of crude incidence and prevalence rates to a common standard population creates problems in the comparison and interpretation of geographic data [3]. Nonetheless, recent studies indicate an increasing risk of developing MS over time in areas such as Sardinia [4], Norway [5], and Sweden [6], as well as in countries previously considered to have low MS prevalence such as Mexico [7].

MS in Latin America

During the last decade, there has been a surge of research interest on the epidemiology of MS in Latin America. Despite some methodological shortcomings, recently

published epidemiological studies begin to provide a reasonable estimate of the frequency and characteristics of MS in Latin America.

In Mexico, hospital-based and population-based studies indicate an increase in the incidence and prevalence of MS. In 1970, Alter and Olivares [8] reported a relatively low prevalence of 1.6/100,000. This study was not confirmed by community-based data. **More recent studies based on referrals to a tertiary neurological center demonstrate an important increase in MS incidence [9–11].** A study in northern Mexico (25° north) found a prevalence of 13/100,000 inhabitants [9]. However, this study included only patients with social security benefits, representing 51% of the population. Other studies performed in central areas of the country have registered lower prevalences of about 5/100,000 at latitudes 16–20° north [10].

Clearly, MS has become one of the main causes of neurological consultation in Mexico. For instance, optic neuritis represents 12% of the patients referred to a specialized neuro-ophthalmology clinic [12]; about 40% of them are eventually diagnosed as having MS [12, 13]. Potential risk factors responsible for the increase in MS in Mexico include a decrease in breastfeeding for large segments of the society and an increased incidence of varicella and childhood eczema [14]. Research conducted at the National Institute of Neurology and Neurosurgery of Mexico has demonstrated activation of varicella-zoster virus during MS relapses [15], suggesting that this herpes virus could be an etiological agent of MS.

In 1999, the Latin American Committee for Treatment and Research in MS (LACTRIMS) was formally organized generating renewed interest in numerous coun-