MSToronto2026
10th Joint ACTRIMS-ECTRIMS Meeting
OCTOBER 21-23, 2026
TORONTO, CANADA

Abstract Number: 2821

Abstract Title: Not All PPMS Is Still PPMS: A Single-Centre Audit of Patients Meeting 2017 but Not 2024 McDonald Criteria

Abstract Category: 1. CLINICAL ASPECTS OF MS - 1.1 Diagnosis and differential diagnosis

Preferred Presentation Type: Oral or Poster presentation

Mirsada Prasko[1], Yi Chao Foong[1]

[1] Royal Hobart Hospital, Hobart, Australia

Background

The 2024 McDonald criteria introduced several key revisions to the diagnosis of MS, including provisions for earlier diagnosis and a unified diagnostic framework across relapsing-remitting and primary progressive multiple sclerosis (PPMS). However, the revised criteria also introduced more stringent requirements for a subset of patients. As a result, some patients who fulfilled the 2017 criteria for PPMS may not satisfy the 2024 criteria at the time of presentation or may require lumbar puncture (LP) to do so. The proportion of such patients in real-world clinical cohorts remains unknown.

Objectives/Aims

To determine the proportion of patients with an established PPMS diagnosis under the 2017 McDonald criteria who would not satisfy the revised 2024 criteria at the time of their diagnosis.

Methods

A retrospective review was performed at the Royal Hobart Hospital. 48 patients with PPMS were assessed against both the 2017 McDonald criteria and the revised 2024 criteria using clinical, radiological, and paraclinical data available at the time of diagnosis.

Results

Of 48 patients, 43 (89.6%) satisfied both the 2017 and 2024 McDonald criteria for PPMS. Four patients (8.3%) met the 2017 criteria but did not fulfil the 2024 criteria at the time of diagnosis. One patient (2.1%) satisfied the 2024 but not the 2017 criteria.

Among the four patients meeting the 2017 but not the 2024 criteria, one patient had CSF analysis demonstrating matched serum and CSF oligoclonal bands (OCBs). Additionally, susceptibility-weighted imaging (SWI) in this patient did not demonstrate a central vein sign (CVS) or paramagnetic rim lesion (PRL), and therefore the patient would not have fulfilled the 2024 criteria. The remaining 3 patients did not undergo CSF investigation at the time of diagnosis because they had already satisfied the 2017 criteria without requiring CSF. SWI was performed in 3 of the 4 patients and did not demonstrate PRL or CVS.

Conclusion

1 in 12 patients with an established PPMS diagnosis under the 2017 criteria did not meet the revised 2024 criteria. The predominant reason was the absence of CSF at the time of diagnosis, as these patients had already fulfilled the 2017 criteria without requiring CSF. In one patient who had CSF analysis, there was no evidence of intrathecal synthesis, meaning the 2024 criteria would have remained unfulfilled.

These findings highlight that the 2024 revisions affect a clinically meaningful subset of patients with PPMS, with potential implications for diagnostic delay, unnecessary LP and timely access to disease-modifying therapy.

Funding: N/a

Output from: