



# Autoantibody and Viral Serologic Examinations in Multiple Sclerosis and Stroke

## *Multipl Skleroz ve İnmede Otoantikör İncelemesi ve Viral Serolojik İncelemeler*

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Dear Editor,

We read the publication on “the value of autoantibody and viral serologic examinations in the differential diagnosis of multiple sclerosis (MS) and stroke” with great interest (1). Şair et al. (1) concluded that “information obtained from autoantibody and viral serologic tests does not affect the diagnosis of MS and stroke. Performing these tests for routine screening is considered worthless unless there is an important finding regarding clinical disease”. The report in this study is in contrast to a previous study by Prineas and Parratt (2). Some facts should be addressed. Focusing on autoantibody and viral serologic examinations, the methods of analysis is related to diagnostic property and the local seroepidemiology also affects the detection rate. Regarding the advantage of using a serologic test as screening, Karussis (3) noted that the test could help improve the accuracy of diagnosis and also contribute to the identification of the patients with clinically or radiologically isolated syndromes. There is a clinical role of serologic tests in the differential diagnoses of MS. Serologic tests should be performed at least once. In the event that there may be another disease that mimics MS, second serologic tests must be performed again within 6 months (3,4). To assess the exact advantage of serologic tests, there should be additional cost-effectiveness analysis comparing the use and non-use of the test.

**Ethics**

**Informed Consent:** This is not a report or study on patient or animal requires.

**Peer-review:** Externally peer-reviewed.

**Authorship Contributions**

Surgical and Medical Practices: B.J., V.W., Concept: B.J., V.W., Design: B.J., V.W., Data Collection or Processing: B.J., V.W., Analysis or Interpretation: B.J., V.W., Literature Search: B.J., V.W., Writing: B.J., V.W.

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