

Table 1
Differential diagnoses in multiple sclerosis²⁷

	Signs that raise doubts about the diagnosis of MS	Assess for alternative diagnoses
Clinical (general)	Myopathy	Mitochondrial encephalomyopathy; Sjögren's syndrome
	Retinopathy	Mitochondrial encephalomyopathy; Susac and other vasculopathies (retinal infarction)
	Mucosal ulcers	Behçet's disease
	Recurrent spontaneous abortion or thrombotic events	Antiphospholipid antibody syndrome; thrombotic thrombocytopenic purpura; metastatic cancer with hypercoagulable state
	Arthritis, polyarthralgias, myalgias	Systemic lupus erythematosus; Lyme disease
Clinical (neurological)	Multiple cranial neuropathies, polyradiculopathy	Chronic meningitis in the context of sarcoidosis and tuberculosis; Lyme disease
	Peripheral neuropathy	B12 deficiency; adrenoleukodystrophy; metachromatic leukodystrophy; Lyme disease
	Extrapyramidal features	Whipple's disease; multisystem atrophy; Wilson's disease
	Cerebral venous sinus thrombosis	Behçet's disease; vasculitis; chronic meningitis, antiphospholipid or anticardiolipin antibody syndromes
MRI	Cortical infarcts	Embolic disease; thrombotic thrombocytopenic purpura; vasculitis
	Haemorrhages or microhaemorrhages	Amyloid angiopathy; Moyamoya disease; CADASIL; vasculitis
	Meningeal enhancement	Chronic meningitis; sarcoidosis; lymphomatosis; CNS vasculitis
	Lacunar infarcts	Hypertensive ischaemic disease; CADASIL; Susac syndrome
	Persistent Gd-enhancement and continued enlargement of lesions	Lymphoma; glioma; vasculitis; sarcoidosis
	Large and infiltrating brainstem lesions	Major Behçet's disease; pontine glioma
	Predominance of lesions at the cortical/subcortical junction	Major embolic infarction; vasculitis; progressive multifocal leukoencephalopathy

CADASIL= Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy; Gd = gadolinium; T1 = observed in MRI sequences that are weighted in T1; T2 = observed in MRI sequences that are weighted in T2