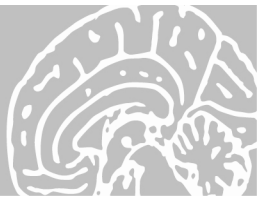
MOG 항체 연관 중추신경계 염증성 질환: 새로운 질환인가?



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MOG-antibody associated CNS neuroinflammatory disease: a new disease entity?

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The understanding of central nervous system (CNS) neuroinflammatory disorders continues to evolve owing to the discovery of new biological markers and recognition of broader clinical phenotypes. One of the best examples for these biomarkers is anti-aquaporin-4 antibody (AQP4-Ab) as diagnostic marker for neuromyelitis optica spectrum disorder (NMOSD). Recent studies have suggested a possible similar role for anti-myelin oligodendrocyte glycoprotein antibody (MOG-Ab) which are found in a subset of predominantly pediatric patients with acute disseminated encephalomyelitis (ADEM), AQP4-Ab seronegative NMOSD, monophasic or recurrent isolated optic neuritis (ON), or transverse myelitis (TM), in atypical multiple sclerosis (MS), but rarely in classical adult-onset MS. Due to several distinct clinical features and outcomes of anti-MOG-ab positive patients compared with those in AQP4-Ab positive NMOSD, important question has been raised whether MOG-Abs are associated with a specific clinical phenotype and a new independent disease entity like AQP4-Ab are associated with NMOSD. Whereas MOG-Ab are only transiently observed in monophasic diseases such as ADEM and their decline is associated with a favorable outcome, persistence of MOG-Ab is associated with relapses. However, it remains unclear whether MOG-Ab are a mere inflammatory bystander effect or truly pathogenetic. The clinical relevance of MOG-Ab and their role in the pathogenesis of CNS inflammatory demyelinating diseases as well as optimal therapeutic strategies needs to be investigated.

Key Words: Anti-myelin oligodendrocyte glycoprotin antibody, CNS neuroinflammatory disease, Neuromyelitis optica spectrum disorder

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