

MANCHESTER ROYAL INFIRMARY

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STRICTLY CONFIDENTIAL CLINIC LETTER - NEUROLOGY

NHS #: 789 456 1230 **Date:** 24 February 2025 **Hosp #:** MRI45678 **Consultant:** Dr. Michael Chen

PATIENT: JONES, Sarah **DOB:** 05/04/1990 (34y) **GP:** Dr. P. Thompson
Address: 15 Deansgate Ln **Surgery:** Chorlton Health Centre Manchester M3 4NT

RE: RELAPSING REMITTING MULTIPLE SCLEROSIS - FOLLOW-UP

Diagnosis: Relapsing Remitting Multiple Sclerosis (diagnosed 2022)

Background: Ms. Jones was diagnosed with RRMS following episodes of right optic neuritis and left-sided sensory disturbance in 2022. McDonald criteria fulfilled with MRI showing dissemination in time and space. Started on ocrelizumab in August 2022 with good disease control until recent symptoms.

Current Presentation: Reports 2-week history of increased fatigue and new onset of numbness in right leg. No visual symptoms, weakness, or sphincter disturbance. Last ocrelizumab infusion 5 months ago.

Current Medications: - Ocrelizumab 600mg IV every 6 months - Amitriptyline 10mg nocte for neuropathic pain - Modafinil 100mg morning PRN for fatigue - Vitamin D 4000 IU daily

Examination: - Alert, oriented, normal cognition - Visual acuity: 6/6 bilaterally, no RAPD - Motor: Normal tone, power 5/5 throughout - Reflexes: Brisk throughout, bilateral flexor plantar responses - Sensation: Reduced pin-prick sensation over right L4/L5 dermatome - Coordination: Intact - Gait: Normal, including tandem

Investigations: - MRI brain and cervical spine (22/02/2025): One new T2 lesion in right centrum semiovale. No enhancing lesions. Otherwise stable compared to previous scan (08/2024). - Blood tests: FBC, U&Es, LFTs normal. B-cell count remains suppressed.

Assessment: Ms. Jones is experiencing a mild relapse of her RRMS with sensory symptoms and increased fatigue. MRI shows minimal new disease activity with one new non-enhancing lesion.

Plan: 1. Mild relapse - manage conservatively without steroids given limited impact on function 2. Continue ocrelizumab - next infusion due March 2025 3. Increase modafinil to 200mg morning if needed for fatigue 4. MS nurse telephone

follow-up in 2 weeks 5. Neurology clinic review in 6 months with repeat MRI before appointment 6. Patient advised on relapse management and when to contact MS team 7. Provided information on fatigue management strategies

Ms. Jones understands the assessment and plan. Reassured about continued disease-modifying therapy effectiveness despite mild breakthrough activity.

Yours sincerely,

Dr. Michael Chen Consultant Neurologist GMC #: 7123456

cc: Patient, MS Specialist Nurse

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