



## **MINERVA**

## Severe Raynaud's phenomenon after treatment with interferon beta for multiple sclerosis

Kalliopi Pitarokoili *medical doctor*<sup>1</sup>, Alexander Kreuter *medical doctor, professor*<sup>2</sup>, Ralf Gold *medical doctor, professor and chair, dean of research medical faculty*<sup>1</sup>, Ingo Kleiter *medical doctor, assistant professor for clinical and experimental neuroimmunology*<sup>1</sup>

<sup>1</sup>Department of Neurology, St Josef Hospital, Ruhr University, Bochum, Germany; <sup>2</sup>Department of Dermatology, Venereology, and Allergology, St Josef Hospital, Ruhr University, Bochum, Germany



A 46 year old woman with multiple sclerosis started interferon beta 1b in November 2009. Six months later she noticed recurrent transient whitish skin discoloration of her fingers. In April 2012, she developed permanent livid discoloration of the fingers of her left hand with ulcerations and necrosis. Vasculitis antibodies and complement were normal. Angiography showed distal vasoconstriction. Severe secondary Raynaud's phenomenon was diagnosed. Treatment with intravenous prostaglandin  $E_1$  and prostacyclin analogues was started, but marked improvement occurred only after interferon was discontinued and glatiramer acetate started. Although rare, Raynaud's phenomenon and vasoconstriction are recognised side effects of interferon beta therapy.

Patient consent obtained.

Cite this as: *BMJ* 2014;349:g6166 © BMJ Publishing Group Ltd 2014

kalliapit@yahoo.gr

For personal use only: See rights and reprints http://www.bmj.com/permissions