nervous system (CNS), caused by CTG repeat expansion on the chromosome 19q. In some patients CNS white matter abnormalities are very extensive, with clinical symptoms including mental changes, hypersonnia, stroke-like episodes and seizures.

Participants, Materials/Methods: We report two unrelated patients with DM1.

Results: One patient, 50-year-old woman, at the time of clinical examination manifested mild temporal and bulbar muscle weakness, slight flexor neck, distal limb weakness, mild intermittent myotonia. She had bilateral cataract, sterility, without cardiac pathology. Elevated CK (274 U/l). Generalized myotonia and myopathic changes in EMG. Skeletal muscle biopsy compatible with myotonic dystrophy. Cerebrospinal fluid (CSF) was normal without immunological activity. The other patient was 37-year-old man. Clinical examination revealed severe temporal, ocular and bulbar muscle weakness, anterior neck and distal limb muscle weakness, mild myotonia as well as the frontal balding, sterility, bilateral cataract, severe myocardiopathy, elevated CK (280 U/l), generalized myotonia and myopathic changes in EMG, muscle biopsy compatible with DM1. CSF was normal.

MRI of the brain in two patients: bilateral, multifocal, subcortical white matter changes, paraventricular and in brainstem, hypertensive on T2-weighted and proton density-weighted images. MRI of the cervical spinal cord and MRI cerebral angiography were normal.

Conclusions: We found definite MRI abnormalities in 2 patients with DM1. The morphology underlying this leuкоencephalopathy is unknown. Examination of the CSF gave no evidence of an inflammatory process, excluding multiple sclerosis. These changes are probably with vascular etiology, and they are part from wide inflammatory process, excluding multiple sclerosis. These changes is unknown. Examination of the CSF gave no evidence of an exacerbation. In this study the objective is to research the influence of those factors and to compare the results from the research with information from the literature.

Participants, Materials/Methods: We used the descriptive methods of retrospective research. The sources of information were patients admitted in the Neurological Clinic of Medical Faculty in Pristine University during the period of time 1992–2001. In the research are included 92 patients, 63 women and 29 men. It has been assigned the exacerbation of Multiple Sclerosis according to the definition of Remission/Exacerbation/Intermission (REI) classification. In this study the objective is to research the influence of those factors and to compare the results from the research with information from the literature.

Impact of environmental factors in exacerbation of patients with MS in Kosovo
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Introduction/Objectives: In the literature are lot of study where is mentioned the exacerbation of Multiple Sclerosis according to the group-ages, residence, seasons and the role of these factors in exacerbation. In this study the objective is to research the influence of those factors and to compare the results from the research with information from the literature.

Participants, Materials/Methods: We used the descriptive methods of retrospective research. The sources of information were patients admitted in the Neurological Clinic of Medical Faculty in Pristine University during the period of time 1992–2001. In the research are included 92 patients, 63 women and 29 men. It has been assigned correlation coefficient, Student’s t-test, Verification of test is done with grade of credibility for P < 0.05 for grade of mistake of 95% and for grade of credibility for P > 0.01 and grade of mistake of 99.7%.

Results: From the cases included in the study in 35% the occurrence of the disease is between ages 20–29, incidence of MS in 33% of the cases is shown between age of 30–39 with mean age of 31 year old. As about correlation of cronobiological exacerbation in the relapse remitting forms of MS summer if the period of the year the exacerbations are most frequent (55.4% of the patients). And winter is most calm season with 8.7% of exacerbation in our study.