HTLV-I ASSOCIATED MYELOPATHY IN RIO DE JANEIRO (Abstract)*. **Thesis. Rio de Janeiro, 1995.**

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The human T-cell lymphotropic virus type I (HTLV-I) is an endemic retrovirus in many parts of the world, including Brazil. It is clearly associated with either adult T-cell leukemia/lymphoma (ATLL) or tropical spastic paraparesis/ HTLV-I associated myelopathy (TSP/HAM). It is well known, since 1989, that this virus is circulating in Rio de Janeiro (RJ). It is also known that many cases of chronic spastic paraparesis in Brazil remain without an etiologic diagnosis. Taking these data together, this study was specifically devised to identify and depict the demographic, clinical and therapeutic profile of TSP/HAM in RJ.

In order to perform the present, and other studies, a unit specially dedicated to HTLV-I infected persons was created at the Hospital Evandro Chagas from the Fundação Oswaldo Cruz, Rio de Janeiro, Brazil.

This thesis is based on papers that revealed: (a) HTLV-I is probably the main cause of myelopathies of obscure origin in RJ (57% in our initial series); (b) cases of TSP/HAM can be occasionally misdiagnosed as multiple sclerosis in this city; (c) when compared with HTLV-I negative spastic paraparesis patients, TSP/HAM cases from RJ have more commonly motor and bladder disturbances at the beginning of their disease and a disease that is neither regresssive nor relapsing-remitting. Bladder dysfunction, constipation and impotence, and more widespread pyramidal signs, are also more frequent during the whole course of the illness. Likewise, an increased intrathecal synthesis of IgG is more often found in the HTLV-I positive group; (d) the only risk factor for HTLV-I infection significantly associated to TSP/HAM is a prior history of sexually transmitted diseases, which could suggest that, at least in RJ, TSP/HAM might be mainly a sexually acquired disease; (e) the clinical and demographic features of TSP/HAM in RJ indicate that it is mostly a disease of low socio-economic level white persons with a clinical profile similar to what is found in other parts of the world; (f) intravenous methylprednisolone was not useful in the majority of our patients; (g) systemic manifestations, such as *folliculitis decalvans* - a rare, and chronic, cutaneous infection extremely resistant to treatment - can occur in TSP/HAM patients. This suggests that clinically symptomatic immunoderegulation happens in TSP/HAM patients and that such process is not restricted to the nervous system. Therefore, TSP/HAM could be seen as the neurological manifestation of a systemic disease; (h) the evolution of the neurological disability in TSP/HAM occurs mainly during the first year of the disease and becomes relatively stable after that. This is in keeping with previous neuropathological findings that suggest that the disease has a bifasic behavior (inflammation in the beginning and scarring after some time). Considering these findings we suggest that the therapeutic window in TSP/HAM lies within the first year of the disease.

Finally, based on an extensive review of the literature, the designation TSP/HAM is criticized and the term *HTLV-I associaced neuropathies (HAN)* is suggested.

KEY WORDS: **human T-cell lymphotropic virus type I (HTLV-I), HTLV-I associated myelopathy (HAM), tropical spastic paraparesis (TSP), TSP/HAM, HTLV-I associated neuropathies (HAN).**

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