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The current study aimed to present the initial clinical and radiological features of Omani MS patients presenting to a tertiary care center in Oman.

**Material(s) and Method(s):** This is a retrospective study where MS patients diagnosed according to McDonald’s diagnostic criteria who attended neurology clinic of Sultan Qaboos University Hospital, Muscat, Oman between 2006 and 2020 were included in the study. Data were collected from the patients’ electronic medical records, including sociodemographic, clinical, neuroimaging, and initial treatment given. The initial disability status of the patients was assessed using the Expanded Disability Status Scale (EDSS).

**Result(s):** A total of 155 patients were included with a 2:1 female to male ratio. The mean age at diagnosis was 28.57 ± 7.94 years. The mean duration of symptoms to diagnosis was 1.86 years. MS patients experienced a median of 2 relapses (1-7) prior to their first visit to our hospital. Most patients (97.4%) were diagnosed with relapsing-remitting MS (RRMS). 84.5% of patients presented with unifocal symptoms. The most common initial symptoms were referred to supratentorial region (34.2%) followed by the optic pathway (33.5%). 94.8% of the patients had EDSS of less than 3.5 by the time they presented to our hospital. Initial brain magnetic resonance (MRI) and cervical MRI were available for analysis in 72 (46.5%) and 47 (30.3%) patients, respectively. For the available MRI brain, 40% had ≥ 20 T2 lesions, while 36.1% had infratentorial lesions. For the available cervical spinal cord MRI, 23.9% had lesions at presentation. The most frequent initial disease-modifying therapy (DMT) used were the injectables (n = 104; 67%), followed by fingolimod (n = 16; 10.3%), Natalizumab (n = 16; 9%) and dimethyl fumarate (n = 4; 2.6%).

**Conclusion(s):** The most common initial clinical presentation of Omani MS patients in our center was unifocal symptoms related to the supratentorial lesions. Further studies are needed to include all Oman MS patients from other centers to confirm our findings further.

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**Telemedicine and Multiple Sclerosis Management in the Era of COVID-19, Al-Azhar Experience**

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**Background:** The severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) pandemic is a challenge for all participants in the healthcare system. At the beginning of the pandemic, many doctors asked themselves how to manage patients with multiple sclerosis (MS). We had followed 87 patients with MS (Al-azhar university MS clinic, Cairo, Egypt). With regard to the different disease types and different disease-modifying therapies (DMTs), many patients were referred from coming to hospitals and clinics to avoid catching infection. We did follow up through mobile calls, including video calls, to help our patient and encourage telemedicine phenomenon. When looking at the severe and fatal cases, we managed them by cell phones calls and described treatment, it is reasonable to assume that this maneuver could be protective and helpful to MS patients.

**Material(s) and Method(s):** At the beginning of the pandemic, many doctors asked themselves how to manage patients with multiple sclerosis (MS). We had followed 87 patients with MS (Al-azhar university MS clinic, Cairo, Egypt). With regard to the different disease types and different disease-modifying therapies (DMTs), many patients were referred from coming to hospitals and clinics to avoid catching infection.

**Result(s):** We managed MS patients by cell phones calls and described treatment, it is reasonable to assume that this maneuver could be protective and helpful to MS patients.

**Conclusion(s):** MS patients could be easily managed during the era of COVID-19.

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**Inform Interferon Beta Exposure in the 2nd and 3rd Trimester of Pregnancy: A Register-Based Drug Utilisation Study in Finland and Sweden**

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**Background:** Previous studies showed no increased risk of interferon beta use before or early in pregnancy among women with multiple sclerosis (MS). However, knowledge about the utilisation and safety of interferon beta in later-stage pregnancy remains limited. This study aims to determine (1) the number of pregnancies in women with MS exposed to interferon beta in later-stage pregnancy (i.e. the second and third trimesters) in Finland and Sweden; (2) whether the number of pregnancies available in Finland and Sweden is adequate for a cohort study to assess the outcomes of interferon beta exposure in later-stage pregnancy.