Reply to Letter to the Editor: “Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis: Fact or Fiction?”

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I want to thank the authors, Djordje et al., for their honesty in sharing with us their motivation for performing this unproven treatment in multiple sclerosis (MS) patients [1]. It shows exactly an old dilemma in patient treatment: Do I treat a patient because the patient wants this treatment, or do I treat a patient because I know (from good science) that this is an effective treatment?

For the first option, a medical education is not necessary, just some basic catheter skills; for the second option, one has to be a well-trained physician. I think that not many physicians will measure their work by the fact that no harm has been done, following the patients request for an unproven technique. The placebo effect, which is the key explanation to reported success, is based on expectations, conditioning, and the severity of the placebo treatment. All of these elements are available in the pta treatment of CCSVI [2]. Lack of evidence should not always be a reason to do nothing if a patient is in great need for help, but also having a critical attitude at the same time makes the

difference between a doctor and a quack. What I read in the letter is a good doctor unable to withstand the patient lobby.

I know that there are currently two major randomized clinical trials in preparation. There is no harm done to wait for the first results from these trials.

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References

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2. Ilijevski N, Radak D, Kolar J et al (2011) Chronic cerebrospinal venous insufficiency in multiple sclerosis—fact or fiction!?

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