**Introduction**

Scanning the data in the literature, we detected the presence of genetic studies of prevalence especially in Sardinia and Sicily, are not denoted prevalence studies epidemiological statistical forms of MS familial of Italian territory. We have believed correct, then, starting with this type of survey in order to then proceed with detailed genetic analysis to relate our data with those collected in the Sardinian population, where it is stated that the presence of MS familial is affected by factors genetic.

The objective of this work was to create a database on cases of MS familial of the province of Parma, starting from an investigation conducted on the cases relating to the Multiple Sclerosis Center of Fidenza, to extend the investigation to epidemiology that may have influenced the onset.

**Materials and methods**

We conducted an investigation based on data in the database of I-Med (computerized register of widespread national territory) and on analysis of medical records of patients. We investigated the number of cases dividing them according to gender, age, place of birth and residence, age of onset of disease, date of diagnosis, form of disease, evolution and EDSS, kind of familiar and comparing them data and disease prevalence with the data in the literature relating to the national territory.

**Results**

Based on a sample of 560 MS patients living in the province of Parma, we found a high percentage of cases of MS familial (4.82%). We focused on case studies of patients referred to our center: 58 on a sample of 1000 patients I-Med have a MS familial, of these 18 patients reside in the province of Parma (13 women and 5 men) [Fig.1] in front a high number of 370 patients I-Med residents in the province of Parma referred to our center.

The average age of onset is 41 years for women and 32 years for men, the mean EDSS was 3.5 for women and for men, is the familiarity of first instance in all the cases analyzed [Fig.2].

On our sample 8 women and 4 men have a form of RR-MS, 3 women and one man have a form SP-MS and two women are shaped PP-MS [Fig.3].

Instead there is uniqueness about the place of birth and residence data.

**Conclusions**

Our data show a rate of 4.82% of MS familial sample analyzed, not comparable with other experiences; we believe, so that they can be a starting point to address further analysis of epidemiological and genetic type of the familial forms of MS widespread in the province of Parma.

**Bibliography**

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