LETTER TO THE EDITOR


El Rachkidi et al. described a case of a 36-year-old man diagnosed with an isolated cervical spine fracture and an associated carotid artery lesion [1]. Although severe headache, vomiting, drowsiness, agitation, hypertension, bradycardia, bilateral Babinski sign, and a seizure attack were noted, we would argue against the diagnosis of posterior reversible encephalopathy syndrome (PRES) in this case.

PRES was initially described by Hinchey et al. [2] in 1996 as a clinico-radiological syndrome, which is characterized by typical neurological deficits such as headache, nausea and vomiting, altered mental status, visual impairment and seizures, etc., transient radiological brain anomalies, and a usually benign clinical course. Different conditions might be attributed, including eclampsia, hypertensive encephalopathy, renal diseases, and use of cyclosporine A or other immunosuppressive drugs [3,4], etc. Further studies indicated that the pathophysiological mechanism of PRES is vasogenic edema, probably arising from failure of cerebrovascular autoregulation and disruption of the blood-brain barrier [5]. Although hyperintensity can be seen in magnetic resonance imaging (MRI) T2-weighted imaging (T2WI) and fluid-attenuated inversion recovery (FLAIR) images, apparent diffusion coefficient (ADC) maps elaborated from diffusion-weighted imaging (DWI) are indispensable to the differentiation of vasogenic edema from cytotoxic edema, as well as ischemia [6].

Since an acknowledged set of diagnostic criteria for PRES is lacking, we wonder whether the authors considered other differential diagnoses in this case. Although the brain computed tomography (CT) showed no abnormalities, subarachnoid hemorrhage (SAH) could not be ruled out. SAH may also present as bradycardia, bilateral Babinski sign, and epileptic seizures. Thus lumbar puncture is needed to identify SAH in suspected cases [7]. Moreover, we are interested to know whether the patient was followed for an MRI examination. Since MRI angiography of neck vessels showed right internal carotid dissection of more than 50%, we also suspected the lesions shown by MRI DWI to be ischemic changes. The lesions as shown by DWI are localized mainly in the left sphere, and cannot be shown by CT scanning, further pointing to an ischemic etiology.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

References


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