LETTER TO THE EDITOR

Reply to the letter by Xiao-Ke Wang and Hongliang Zhang

We read with interest the comments of Wang and Zhang, arguing against the diagnosis of posterior reversible encephalopathy syndrome (PRES). We will present additional information and explanations that were unintentionally not presented in the original paper [1]. Although we did not discuss in detail the differential diagnoses, we have excluded all other possible diagnoses before relating the case reported to a PRES. After performing the brain computed tomography (CT), a lumbar puncture done in the intensive care unit, definitely excluded the diagnosis of subarachnoid hemorrhage (SAH) as well as an infectious etiology. The right internal carotid dissection with an occlusion of more than 50%, may point to an ischemic origin, but the magnetic resonance imaging (MRI) T2-weighted imaging (T2WI) showed abnormalities which are not compatible with such etiology. Although apparent diffusion coefficients (ADC) were not elaborated from diffusion-weighted imaging (DWI) [2], the distribution of hyperintensities on DWI is not in favor of ischemia. The complete MRI examination could not be shown in the paper but we confirm that the lesions were bilateral (and not localized in the left hemisphere only) and predominating in the occipital regions. This pattern is highly compatible with PRES [3]. On the other hand, we can hardly relate the MRI findings to the unilateral carotid dissection. Ischemia from an acute carotid artery occlusion would have certainly given predominating ipsilateral brain lesions [4] which is not the case. Finally, the patient had serial brain MRI examinations, the last one performed five months ago was strictly normal. In conclusion, our case is a typical PRES, representing the first reported case of this syndrome in association with a blunt carotid injury.

Disclosure of interest

The author has not supplied his declaration of conflict of interest.

References


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