

¹Sorbonne University, Brain and Spine Institute – Institut du Cerveau et de la Moelle Epinière, ICM, Inserm U 1127, CNRS UMR 7225, Assistance Publique-Hôpitaux de Paris, Pitié-Salpêtrière Charles Foix Hospital, Department of Neurology, Neurological Intensive Care Unit, Paris, France

²Sorbonne Université, Brain Liver Pitié-Salpêtrière (BLIPS) Study Group, INSERM UMR_S 938, Centre de recherche Saint-Antoine, Maladies métaboliques, biliaires et fibro-inflammatoire du foie, Institute of Cardiometabolism and Nutrition (ICAN), Assistance Publique – Hôpitaux de Paris, Groupement Hospitalier Pitié-Salpêtrière-Charles Foix, Service d'hépto-gastroentérologie, Service d'hépatologie, Unité de Soins Intensifs d'Hépto-gastroentérologie, Paris, France

³Sorbonne Université, Brain Liver Pitié-Salpêtrière (BLIPS) Study Group, Assistance Publique – Hôpitaux de Paris, Groupement Hospitalier Pitié-

Salpêtrière-Charles Foix, Service de neuroradiologie, Paris, France
⁴Sorbonne Université, Brain Liver Pitié-Salpêtrière (BLIPS) Study Group, INSERM UMR_S 938, Centre de recherche Saint-Antoine, Maladies métaboliques, biliaires et fibro-inflammatoire du foie, Institute of Cardiometabolism and Nutrition (ICAN), Assistance Publique – Hôpitaux de Paris, Groupement Hospitalier Pitié-Salpêtrière-Charles Foix, Département de Neurologie, Unité de réanimation neurologique, Paris, France

*Corresponding author. Address: Sorbonne Université, Unité de réanimation neurologique, Département de neurologie, Groupe hospitalier Pitié-Salpêtrière Charles Foix, Assistance Publique-Hôpitaux de Paris, 47-83 boulevard de l'hôpital, 75013 Paris Cedex 13, France; Tel.: +33(0)1.42.16.27.70, Fax: +33(0)1.42.16.19.89. E-mail address: nicolas.weiss@aphp.fr



Reply to: “Magnetic resonance spectroscopy: A surrogate marker of hepatic encephalopathy?”

To the Editor:

We have read the Letter by Hermann *et al.*¹ in detail in which they summarize their ¹H-MRS findings in a cohort of adult patients with cirrhosis. Their study suggests that abnormal ¹H-MRS using clinically available magnets is highly predictive of abnormal psychometric tests in a population with compensated liver disease (median model for end-stage liver disease score of 10). What's more, an abnormal spectrum appeared to be more predictive of HE than the hallmark finding of hyperintense signal in the T₁ weighted sequences. We are confident that this interesting clinical observation is auspicious for forthcoming studies using higher resolution spectroscopy, following the advent of 7 Tesla magnets in the clinical arena, which will lead to the detection of additional metabolites, as shown by our pre-clinical study performed at 9.4 Tesla.² Finally, a series of consensus recommendations on clinical ¹H-MRS are now available,^{3,4} recommending appropriate methodology to improve the quality of future MRS studies and increase MRS standardization, with the final aim of improving the clinical utility of MRS.

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Conflict of interest

The authors declare no conflicts of interest that pertain to this work.

Please refer to the accompanying [ICMJE disclosure](#) forms for further details.

Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jhep.2019.08.003>.

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Author names in bold designate shared co-first authorship

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Valérie A. McLin¹
Olivier Braissant²
Cristina Cudalbu^{3,*}

¹Swiss Pediatric Liver Center, Department of Pediatrics, Gynecology and Obstetrics, University Hospitals Geneva, and University of Geneva Medical School, Switzerland

²Service of Clinical Chemistry, University of Lausanne and University Hospital of Lausanne, Lausanne, Switzerland

³Centre d'Imagerie Biomedicale (CIBM), Ecole Polytechnique Fédérale de Lausanne (EPFL), Lausanne, Switzerland

Corresponding author. Address: Centre d'Imagerie Biomedicale (CIBM), Ecole Polytechnique Fédérale de Lausanne (EPFL), Lausanne, Switzerland. Tel.: +41216937685.

E-mail address: cristina.cudalbu@epfl.ch