



## Letter to the editor

Sir,

I have read with interest the recently published case report by Kondo et al. “spontaneous spinal epidural hematoma mimicking Guillain-Barre Syndrome” [1].

The presentation of an acute onset of paraplegia, Babinski sign, a sensory level at T10 and “difficulty during urination” with radiating pain to both legs should have raised the possibility of a spinal mass lesion at the thoracic level “since the hands were not involved.” The sensory level at T10 supports this location and areflexia in the lower extremity may indicate the presence of “spinal shock”. The authors have correctly performed a lower spine MRI, but they have not stated at what spinal level was the initial MRI study done. Thus, it seems to me that using the term “mimicking Guillain Barre Syndrome” is inappropriate.

Spinal mass lesions should be diagnosed as early as possible and decompression surgery should immediately follow, since any delay hinders the possibility of complete recovery in non-tumoral mass lesions “such as epidural hematoma.” Spinal tap performed in this case carries a risk of spinal coning since according to the second MRI, there was a considerable CSF block below the mass [2]. The diagnosis of an unsuspected mass lesion could have been reached with measurements of opening and closing CSF pressure showing that closing pressure was significantly lower than the opening pressure. This finding when associated with xanthochromia and marked coagulation of the obtained CSF sample is known as Froin syndrome.

Although reports from Japan have indicated that normal or even exaggerated deep tendon reflexes may

be present initially in GBS [3], this is not the case in the presented patient since she had areflexia and Babinski sign.

Since GBS and epidural hematoma are very rare in young children the diagnosis of each in due time is challenging, however, the prognosis for recovery is excellent in GBS while it is grave when the diagnosis of epidural hematoma is delayed.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.braindev.2019.05.002>.

## References

- [1] Kondo A, Yamaguchi H, Ishida Y, Toyoshima D, Azumi M, Akutsu N, et al. Spontaneous spinal epidural hematoma mimicking Guillain-Barre Syndrome. *Brain Dev* 2019;41:392–5.
- [2] Hollis PH, Malis LI, Zappulla RA. Neurological deterioration after lumbar puncture below complete spinal subarachnoid block. *J Neurosurg* 1986;64:253–6.
- [3] Yuki N, Kokubun N, Kuwabara S, Sekiguchi Y, Ito M, Odaka M, et al. Guillain-Barré syndrome associated with normal or exaggerated tendon reflexes. *J Neurol* 2012;259:1181–90.

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