



## Letter to the Editor

### Reply to “Poor clinico-radiological correlation: A hallmark of acute flaccid myelitis”

Dear Dr. Saini

Thank you for your interest in our article [1]. Poor clinico-radiological correlation is a remarkable feature of acute flaccid myelitis during the acute period. A patient with one-limb weakness can have an extensive longitudinal lesion spanning whole spine. We consider that an extensive longitudinal spinal lesion is an outstanding feature of AFM but is not specific to it. An extensive longitudinal spinal lesion can be observed in several other spinal disorders such as transverse myelitis and spinal stroke. Differentiation between AFM and other spinal disorders is not always easy because pathophysiology and biomarkers of AFM have not yet been found.

Recently, Elrick et al. explored factors to differentiate restrictively defined AFM from AFM with some alternative diagnosis [2]. They found that primarily asymmetry of weakness, lower motor neuron signs, preceding viral syndrome, symptoms evolving over hours to days, absence of sensory deficits, and magnetic resonance imaging findings were useful for differential diagnosis. The Acute Flaccid Myelitis Collaborative Study Investigators in Japan including us have also paid an attention to this issue and are trying to find the factors contributing more strict diagnosis of AFM. Early and correct diagnosis of AFM is important not only for determination of optimal treatment but also for exploration of pathophysiology and biomarkers.

### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.braindev.2019.02.009>.

### References

- [1] Madaan P, Keshavan S, Saini L. Poor clinico-radiological correlation: A hallmark of acute flaccid myelitis. *Brain Dev.* 2019;41(5): 443–51.
- [2] Elrick MJ, Gordon-Lipkin E, Crawford TO, Van Haren K, Messacar K, Thornton N, et al. Clinical subpopulations in a sample of North American Children diagnosed with acute flaccid myelitis, 2012–2016. *JAMA Pediatr* 2019. <https://doi.org/10.1001/jamapediatrics.2018.4890>. in press.

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