Brain & Development 41 (2019) 827–828

BRAIN & DEVELOPMENT
Official Journal of the Japanese Society of Child Neurology

www.elsevier.com/locate/braindev

Commentary

Reply to the comments on "Spontaneous spinal epidural hematoma mimicking Guillain-Barre Syndrome"

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Received 16 May 2019; accepted 20 May 2019

Dear Dr. Gadoth

We appreciate your comments on our paper, "spontaneous spinal epidural hematoma mimicking Guillain-Barre Syndrome". We would like to clarify some of your concerns.

On admission, our patient exhibited paraparesis in the lower extremities. Deep tendon reflexes were absent and Babinski reflexes were positive on both sides. Furthermore, she exhibited a reduced response to light touch and pinprick sensation below the T10 level, and also experienced difficulty during urination. As her upper extremities were normal, we initially suspected a mass or transverse myelitis in the lower spine and performed magnetic resonance imaging (MRI) below the level of T7. The MRI findings were normal but her clinical symptoms were consistent with Guillain-Barre Syndrome (GBS). As you mentioned, previous studies have reported normal or exaggerated reflexes presenting initially in GBS. However, Roodbol et al. reported that children had decreased reflexes in weak limbs at admission [1]. Thus, we believe that using the phrase "mimicking Guillain-Barre Syndrome" is appropriate.

We agree that epidural hematoma is very rare among children and the diagnosis is challenging. Although the prognosis of epidural hematoma on delayed diagnosis is generally poor, appropriate surgical management leads to a favorable neurological outcome [2]. Our patient continued rehabilitation for a year and a half and was able to ambulate without assistance after recovery.

Our differential diagnosis also includes fibrocartilaginous embolism (FCE). FCE is considered when the fibrocartilaginous nucleus pulposus component migrates to the spinal cord artery but it is currently not well recognized among physicians due to its rarity. Symptoms of FCE include rapidly progressive plegia, paresthesia, and bladder or bowel dysfunction typically following back or neck pain [3]. This was not the case in our patient since her MRI findings were different. In our study, we learned that performing MRI above the site of neurological symptoms may be helpful.

Declaration of Competing Interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.braindev.2019.05.005.

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