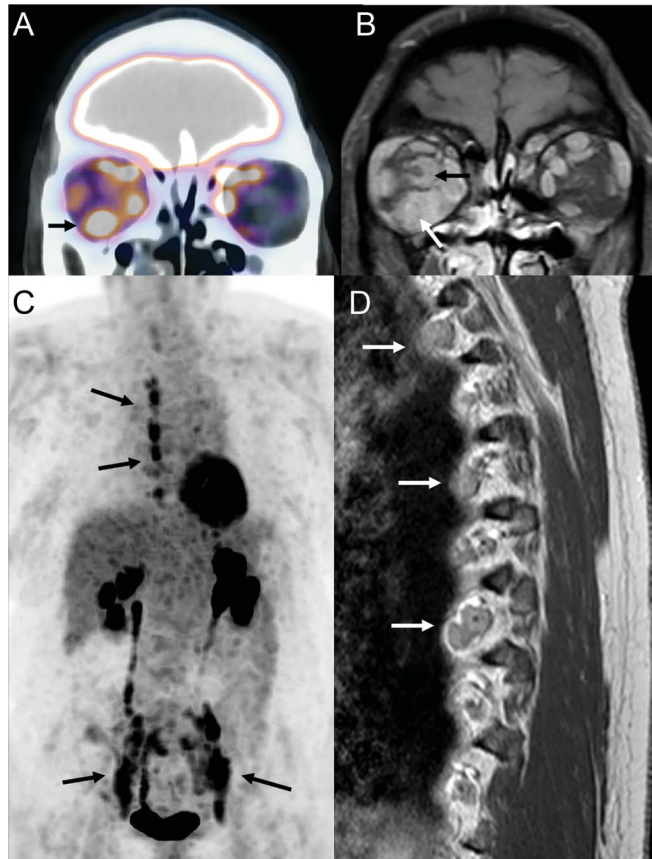


IgG4-related diffuse perineural disease

Figure 1 Imaging findings of nerve roots



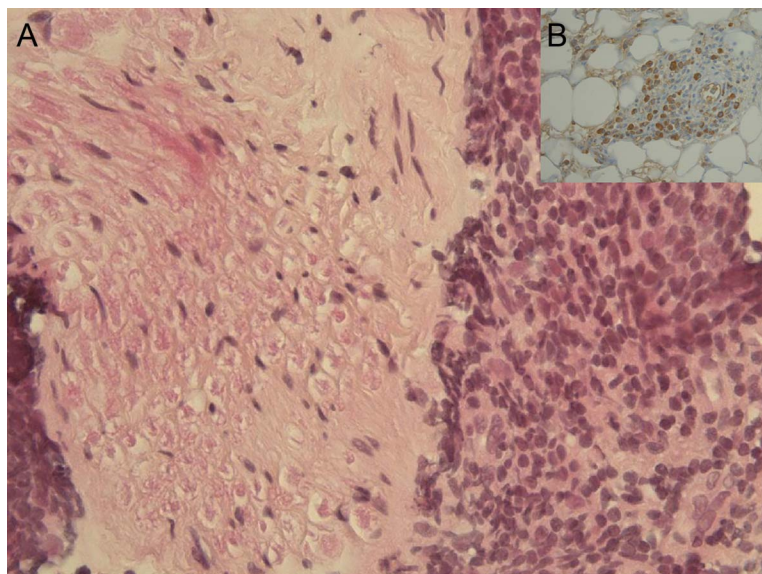
Right orbit (A) and paravertebral (C) FDG uptakes (SUV max = 7). MRI shows meningeal infiltration of the right optic nerve (B, black arrow), a thickening of inferior orbital muscle (B, white arrow), and a diffuse infiltration of paravertebral nerve roots (D).

A 55-year-old woman had right exophthalmia. Eleven years previously, she had orbital irradiation for refractory nonspecific orbital inflammation. PET/CT revealed FDG uptake in the right orbit and paravertebral masses (figure 1, A and C). MRI showed an enlargement of the right optic nerve and orbital muscles, and a diffuse infiltration involving lumbodorsal and sacral nerve roots (figure 1, B and D). The orbital biopsy demonstrated immunoglobulin G4 (IgG4)+ plasma cell infiltrate and a storiform fibrosis (figure 2), identical to the histopathologic features of the nerve root biopsy, and suggestive of IgG4-related diffuse perineural disease.^{1,2} No treatment was started in the absence of neurologic symptoms. One year later, the patient had no further symptoms.

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Figure 2 Pathologic findings of the biopsy from the paravertebral mass



A perineural lymphoplasmacytic infiltrate was observed. Note that endoneurium is unremarkable without inflammatory cell infiltration (A, hematoxylin & eosin \times 40). Immunohistochemical staining for immunoglobulin G4 (IgG4) revealed approximately 50 IgG4-positive plasma cells/high-power field (B, immunoperoxidase \times 40).

Author contributions: Michael Soussan: study concept and design, study supervision. Aicha Medjoul: acquisition of data, analysis and interpretation. Isabelle Badelon: acquisition of data, analysis and interpretation. Alexis Guillot: acquisition of data, analysis and interpretation. Antoine Martin: acquisition of data, analysis and interpretation, study supervision. Sébastien Abad: study concept and design, acquisition of data, analysis and interpretation, study supervision.

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**MYSTERY CASE: PENDULAR SEE-SAW
NYSTAGMUS AS A DELAYED COMPLICATION OF
TRAUMATIC BRAIN INJURY**

Eric R. Eggenberger, East Lansing, MI: I read with interest the delayed see-saw nystagmus case detailed by Yunusov et al.¹ We also published 2 delayed cases occurring 21 and 37 years post head trauma involving the chiasmal region.² Both patients exhibited bitemporal hemianopia and MRIs suggestive of chiasmal disruption; one case experienced a modest response to clonazepam. The mechanism of delayed onset

neuro-ophthalmic syndromes and the more familiar oculopalatal tremor are unclear, but may be more common than previously thought.

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CORRECTION

IgG4-related diffuse perineural disease

In the NeuroImage “IgG4-related diffuse perineural disease” by M. Soussan et al. (*Neurology*[®] 2014;83:1877–1878), there is a misspelling in the byline. The fourth author’s name should read “Alexis Guyot, MD,” rather than “Guillot” as originally published. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).