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AUTHOR RESPONSE: TEACHING NEUROIMAGES: IDIOPATHIC HYPERTROPHIC PACHYMEINGITIS

Andrea Wasilewski, Lawrence Samkoff, Rochester, NY: As discussed by Dr. Budhram, immunoglobulin G4 (IgG4)-related disease (RD) must be considered in patients with hypertrophic pachymeningitis (HP) as it accounts for a high proportion of cases originally

thought to be idiopathic.¹ IgG4-related HP is pathologically characterized by a lymphoplasmacytic infiltration of IgG4-positive plasma cells.² The patient we presented had normal IgG4 levels in both serum and CSF.¹ Dural biopsy was consistent with a chronic lymphohistiocytic pachymeningitis without substantial plasma cell infiltrate to suggest IgG4-RD. In addition, immunohistochemistry performed on the dural biopsy specimen was IgG4-negative. Our case highlights the steroid responsiveness of idiopathic HP and the excellent response to immunotherapy with methotrexate.¹ We agree with Dr. Budhram that immunostaining of dural specimens should be done in patients with HP, as this may help guide treatment for steroid-refractory HP when IgG4 disease can be identified.

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RETRACTION

Teaching NeuroImages: Giant neurocysticercosis with unusual imaging manifestations

The *Neurology*[®] editors and the authors of the article “Teaching NeuroImages: Giant neurocysticercosis with unusual imaging manifestations,”¹ published online in conjunction with the November 22, 2016, issue of *Neurology*, agree to the retraction of the article. Retraction follows publication of a WriteClick[®] Editor’s Choice correspondence exchange in which a pervasive translation error was identified.^{2,3} The diagnosis should have been “cystic echinococcosis,” not “cysticercus.” The article has been corrected and republished.⁴

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Teaching NeuroImages: Giant neurocysticercosis with unusual imaging manifestations

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