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AUTHOR RESPONSE: TEACHING NEUROIMAGES: IDIOPATHIC HYPERTROPHIC PACHYMENINGITIS

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