

Reply from the Authors: We thank Drs. Freeman et al. and Fernández-Torre for their comments.

Freeman et al. report 2 additional cases of sCJD mimicking NCSE with the same misleading EEG presentation, which confirms our findings.¹ In particular, EEG responses to external stimuli and attenuation with drowsiness indicate that an epileptic origin can be excluded. We were pleased that Freeman et al. agreed with our conclusion that sCJD should be considered as a differential diagnosis—rather than as a cause—of apparent refractory NCSE.

We reviewed the literature (supplemental table e-2) including the case reported by Fernández-Torre et al.² In their report, the authors vacillated between a diagnosis of genuine NCSE or nonepileptic activity related to sCJD. Based on our series¹ and other case reports,⁹ we suggest that the patient reported by Fernández-Torre et al. did not show NCSE.

Dr. Fernández-Torre agreed that recognition of a periodic EEG activity precludes an epileptic origin, but questioned the EEG activities occurring early in the course of sCJD. This pseudorhythmic pattern may be due to the short duration and initial background activity between the periodic sharp waves.

In addition, the EEG showed no organization in frequency, which precludes an ictal discharge. EEG responses to stimulation may help to discriminate between epileptic and nonepileptic activities. Our patients had only mild impairment in their level of consciousness, without impairment of the level of vigilance.

Even in patients with an altered mental status, subtle clinical improvements can be detected when the EEG activity of NSCE is corrected by an AED.⁷

We agree that early identification of patients is difficult and strict criteria should be used to avoid an overdiagnosis of NCSE in patients with nonepileptic encephalopathies. Testing should include repeated EEGs and clinical parameters to gauge reaction to drugs and endogenous/exogenous stimuli.

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Disclosure: See original article for full disclosure list.

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CORRECTION

Postpuncture CSF leakage: A potential pitfall of radionuclide cisternography

In the article “Postpuncture CSF leakage: A potential pitfall of radionuclide cisternography” by K. Sakurai et al. (*Neurology*® 2010;75:1730–1734), there is a mistake related to the “opening pressure” in table 1. The values of opening pressure in table 1, column 7, were based on mm H₂O, not mm Hg. The column heading should have read “Opening pressure, mm H₂O.” The authors regret the error.

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