

LETTERS TO THE EDITOR

Susac's Syndrome

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We have read the interesting article by Raets and Gelin, entitled "Susac's syndrome: a clinical and radiological challenge" which was published in the 95 (6) issue of the Journal in 2012 (1). The article included fairly important information which was very useful for us. However, we would like to make a few contributions.

In Susac's Syndrome, many lesions in the corpus callosum had become cystic within a period of 4 weeks, which was highly suggestive of microinfarcts rather than demyelination. This finding can be used to differentiate demyelinating disease (2). Another condition that can cause cystic changes in the central corpus callosum is Marchiafava-Bignami disease, a rare entity seen in alcoholic patients (3). Central

corpus callosal involvement has also been described in Nipah virus encephalitis (4).

Leptomeningeal enhancement has been described in 1/3 of the patients at the onset of the disease. Many patients develop an atrophy of the cerebellum, the whole brain and especially the corpus callosum (5). Neuropsychiatric disturbance may be seen in 75% of patients (2). Recent studies revealed involvement of muscle and skin in patients with Susac syndrome. Klefner et al. (5) suggested that Susac's syndrome is an autoimmune endotheliopathy.

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Pathologies of the thymus

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We have read the interesting article of Peters et al, entitled "Pathology of the Thymus on CT-Imaging" which was published in the 95 (5) issue of the Journal in 2012 (1). The article included fairly important information which was very useful for us. However, we would like to make a few contributions.

Rebound hyperplasia is commonly observed in children, but it may be seen in adults. When the body recuperates, the thymus generally grows back to its original size within 9 months (2).

Among patients who undergo chemotherapy, approximately 10%-25% may reveal rebound hyperplasia. This state usually happens within 2 years of initiation of chemotherapy. However, there is a described case of rebound hyperplasia occurring 5 years after completion of chemotherapy (3).

In adults, thymoma is the most frequent primary tumor of the thymus. Lymphoma is the second most

common followed by germ cell neoplasm. In children, lymphoma is the most frequent primary tumor of the thymus. Germ cell neoplasm is the second most common. Thymomas are rarely observed in children (4).

Chemical shift MR imaging, which makes use of the difference in chemical shift ratio [CSR = (tSlop/mSlop)/(tSlin/mSlin)], can be valuable in differentiating thymic hyperplasia from thymomas and other thymic tumors. In this study, all patients in the hyperplasia group showed an apparent decrease in the signal intensity of the thymus gland at chemical shift MR imaging. Not any of the patients in the tumor group revealed a decrease in signal intensity (5).

References

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