Letter to the Editor
J Korean Soc Radiol 2024;85(2):482-483
https://doi.org/10.3348/jksr.2024.0015
eISSN 2951-0805

JOURNAL of THE KOREAN SOCIETY of RADIOLOGY

Response to "Primary Angiitis of the Central Nervous System: Exclusion of Differentials and Long-Term Follow-Up"

Eunhee Kim, MD*

Department of Radiology, Ewha Womans University Mokdong Hospital, Seoul, Korea

Received January 12, 2024
Accepted January 15, 2024

***Corresponding author**
Eunhee Kim, MD
Department of Radiology,
Ewha Womans University
Mokdong Hospital,
1071 Anyangcheon-ro,
Yangcheon-gu, Seoul 07985, Korea.

Tel 82-2-2650-5687
Fax 82-2-2650-5302
E-mail kimeunheekeh@gmail.com

We extend our sincere gratitude to Dr. Finsterer (1) for offering insightful comments and engaging in a constructive discussion regarding our case (2). We have prepared a detailed response to address your points.

Following a diagnosis of primary angiitis of the central nervous system (PACNS), a 19-year-old male patient received high-dose steroid treatment. While his symptoms resolved, a narrowed visual field persisted. Subsequent MRI two months later showed a reduction in lesion size, but not complete eradication. Although the acute symptoms improved with steroids, the patient was transferred to another hospital before starting immunosuppressive therapy.

Upon initial presentation, the patient reported headaches and blurred vision as their primary complaints. Notably, while they did not exhibit overt seizure symptoms, electroencephalogram findings indicated a partial seizure disorder originating from the right frontal region, accompanied by diffuse cerebral dysfunction. CT angiography revealed no abnormalities in the large to medium intracranial and neck arteries, obviating the need for digital subtraction angiography. Brain MRI disclosed multiple microbleeds on susceptibility-weighted imaging and tissue indicative of acute infarction on diffusion-weighted imaging.

Importantly, the patient manifested no symptoms or abnormalities suggestive of involvement beyond the brain. To rule out other forms of vasculitis, we conducted a battery of tests, all of which returned negative results. These tests included fluorescent antinuclear antibody, anti-cardiolipin antibody, anti-DNA antibody, rheumatoid factor, anti-beta2–glycoprotein I antibody, proteinase 3 antineutrophil cytoplasmic antibody (ANCA), myeloperoxidase ANCA, anti-ribonucleoprotein, anti-smith antibody, anti-Ro antibody (SS-A), and anti-La (SS-B) antibody. Additionally, laboratory tests for infection in both serum and cerebrospinal fluid were all negative, covering toxoplasma, tuberculosis, JC virus, enterovirus, varicella-zoster, herpes simplex type I and type II, cytomega-

lovirus, venereal disease research laboratory (VDRL), human immunodeficiency virus, sparganum, cysticercosis, etc.

We appreciate the opportunity to provide this comprehensive update on our patient's condition and the thorough testing undertaken. Your consideration of these details is invaluable as we continue to enhance our understanding of PACNS.

Conflicts of Interest

The author has no potential conflicts of interest to disclose.

ORCID iD

Eunhee Kim https://orcid.org/0000-0003-0085-4615

Funding

None

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