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FULMINANT ENCEPHALOPATHY WITH BASAL GANGLIA HYPERINTENSITIES IN HIV-INFECTED DRUG USERS

To the Editor: We read the article by Newsome et al.¹ with interest. Bilateral basal ganglia lesions have been described in immunocompromised patients in association with mycoplasma pneumonia² and sepsis.³

It would be interesting to know if mycoplasma serology/PCR was done on any of the patients in this study. Despite a negative tissue PCR, we did not perform a mycoplasma serology in our case.³ Furthermore, we recently saw a 26-year-old woman who presented with somnolence and confusion with bilateral basal ganglia lesions on magnetic resonance fluid-attenuated inversion recovery (MR-FLAIR) consistent with striatal encephalitis with an elevated serum immunoglobulin G mycoplasma titer of 2.42 ($n = <0.09$). She had a history of spleen removal after trauma. As in the patients described by Newsome et al., MR-FLAIR change was the dominant MR feature in the patients cited above.^{2,3}

Mycoplasma pneumonia should be considered in the differential diagnosis of bilateral basal ganglia lesions of all immunocompetent and immunocompromised patients.

Pasquale F. Finelli, Hartford, CT

Disclosure: The author reports no disclosures.

Reply from the Authors: We thank Dr. Finelli for sharing this case of encephalitis with mycoplasma pneumonia. Although our cases were not tested for *Mycoplasma pneumoniae*, we think it is unlikely that the syndrome we described could be caused by this organism.

Other neurologic syndromes have been attributed to *M pneumoniae*, which includes “striatal encephalitis” resulting in a necrotic or hemorrhagic lesion in the striatum.⁴ However, there was no evidence of necrosis or abscess formation or hemorrhage in the striatum either by MRI criteria in any of the cases described or histopathologically in the case that came to autopsy.

None of the cases had respiratory symptoms that are often associated with this pathogen. Furthermore, the 2 patients who did survive were not treated for mycoplasma.¹

Scott Newsome, DO, Avindra Nath, MD, Baltimore, MD

Disclosure: See original article for full disclosure list.

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CORRECTION

Identification of pure subcortical vascular dementia using ¹¹C-Pittsburgh compound B

On the “In Focus” page of the July 5, 2011, issue of *Neurology*[®] (2011;77:1), there is an error in the description of the article “Identification of pure subcortical vascular dementia using ¹¹C-Pittsburgh compound B” by J.H. Lee et al. The end of the first sentence should read “with 69% negative for cortical PIB binding.” The information in the article itself is correct. The editorial staff regrets the error.

Neurology[®]

Identification of pure subcortical vascular dementia using ¹¹C-Pittsburgh compound B

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