LONGITUDINAL ASSESSMENT OF OXALIPLATIN-INDUCED NEUROPATHY

Susanna B. Park, Martin Koltzenburg, London, UK: The small sample size may have contributed to the finding of Burakgazi et al.\(^1\) that oxaliplatin produces only mild axonal loss yet others have identified significant axonal loss (greater than 50% amplitude reduction).\(^2\) It is possible that the inclusion of patients with baseline neuropathic symptoms (TNS score \(\geq 4\)) led to a floor effect with respect to changes in sensory amplitudes and nerve function following oxaliplatin.

It was also interesting that reductions in intraepidermal nerve fiber density (IENFD) were reported. These are typically utilized to examine small fiber neuropathy.\(^3\) Given the prominent large fiber dysfunction identified in oxaliplatin-treated patients by clinical and neurophysiologic assessments, the finding of small fiber loss is unexpected. The IENFD changes may be too small to be clinically observable through quantitative sensory testing,\(^4\) but may be interesting in terms of the pathophysiologic basis for the development of neuropathy. As such, it is important to replicate this finding in a larger sample.

Finally, the impact of long-term nerve damage remains critical, particularly in the adjuvant setting. These results are similar to previous studies where oxaliplatin produced a long-lasting neuropathy,\(^2,5\) in contrast to the previously held view of reversibility within 6 months.

NORMAL PRESSURE HYDROCEPHALUS: HOW OFTEN DOES THE DIAGNOSIS HOLD WATER?

Richard B. Rosenbaum, Portland, OR: This article\(^1\) and the accompanying podcast were excellent. Can the authors clarify how soon after the high volume lumbar puncture the patient is examined and how long the effect lasts? For example, is test sensitivity lost if the examination is done 1 hour after the lumbar puncture?

Author Response: Bryan T. Klassen, Rochester, MN: At our institution, the patients are evaluated with videotaped gait examinations immediately before and shortly after (~30 minutes) the high volume lumbar puncture. They are generally seen the following day by the physician who elicits the patient/family’s impression of results, views the videos, and repeats the examination. The decision to proceed with surgery was based upon a clearly favorable response to the lumbar puncture, whether or not this was sustained the following day. We did not have sufficient data to explore the question of how the test’s sensitivity changes over time.

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