IgG4-related diffuse perineural disease

A 55-year-old woman had right exophthalmia. Eleven years previously, she had orbital irradiation for refractory nonspecific orbital inflammation. PET/CT revealed FDG uptake in the right orbit and paravertebral masses (figure 1, A and C). MRI showed an enlargement of the right optic nerve and orbital muscles, and a diffuse infiltration involving lumbodorsal and sacral nerve roots (figure 1, B and D). The orbital biopsy demonstrated immunoglobulin G4 (IgG4)+ plasma cell infiltrate and a storiform fibrosis (figure 2), identical to the histopathologic features of the nerve root biopsy, and suggestive of IgG4-related diffuse perineural disease. No treatment was started in the absence of neurologic symptoms. One year later, the patient had no further symptoms.

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A perineural lymphoplasmacytic infiltrate was observed. Note that endoneurium is unremarkable without inflammatory cell infiltration (A, hematoxylin & eosin × 40). Immunohistochemical staining for immunoglobulin G4 (IgG4) revealed approximately 50 IgG4-positive plasma cells/high-power field (B, immunoperoxidase × 40).

**Figure 2** Pathologic findings of the biopsy from the paravertebral mass

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MYSTERY CASE: PENDULAR SEE-SAW NYSTAGMUS AS A DELAYED COMPLICATION OF TRAUMATIC BRAIN INJURY

Eric R. Eggenberger, East Lansing, MI: I read with interest the delayed see-saw nystagmus case detailed by Yunusov et al. We also published 2 delayed cases occurring 21 and 37 years post head trauma involving the chiasmal region. Both patients exhibited bitemporal hemianopia and MRIs suggestive of chiasmal disruption; one case experienced a modest response to clonazepam. The mechanism of delayed onset neuro-ophthalmic syndromes and the more familiar oculopalatal tremor are unclear, but may be more common than previously thought.

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CORRECTION

IgG4-related diffuse perineural disease

In the NeuroImage “IgG4-related diffuse perineural disease” by M. Soussan et al. (Neurology® 2014;83:1877–1878), there is a misspelling in the byline. The fourth author’s name should read “Alexis Guyot, MD,” rather than “Guillot” as originally published. The authors regret the error.