

RASMUSSEN ENCEPHALITIS AND COMORBID AUTOIMMUNE DISEASES: A WINDOW INTO DISEASE MECHANISM?
Isabelle Korn-Lubetzki, Jerusalem: Amrom et al.1 reported 4 patients with Rasmussen encephalitis (RE) who were subsequently diagnosed with comorbid autoimmune conditions (ulcerative colitis and Crohn disease in 2). This association raises the possibility of immunogenetic susceptibility in these patients.1

We reported a very unusual presentation of RE in a young girl.2 Diagnosis was difficult because the presenting symptom was hemiparesis while the seizures developed only 4 months later. An extended immunologic screening revealed positive serum antinuclear antibodies at 1:80 dilution, as well as extractable nuclear antigen, anti-Sm, and anti-RNP antibodies. Serum anti-GluR3 antibodies were negative. Family history disclosed ulcerative colitis both in the mother and maternal aunt. This case reinforced the association of RE with autoimmune diseases, particularly colitis.

Author Response: Dina Amrom, Montreal; Demet Kinay, Istanbul; Frederick Andermann, Eva Andermann, Montreal: The authors thank Dr. Korn-Lubetzki for updating their case2 and noting the familial occurrence of autoimmune disease (AID) and ulcerative colitis in the mother and maternal aunt of the patient. In 1991, an immunogenetic susceptibility for RE had been suggested.3 To our knowledge, occurrence of an AID, Behçet disease, in a first-degree relative of a patient with RE, was first reported in 2008.4 In our recent article, we reported another AID, diabetes type 1, in the brother of one individual with RE.1 Several examples of multiple AIDs occurring in individual patients and within families with a given AID suggested a common underlying etiology, and the concept of shared autoimmunity.3 We expect that an increasing number of clinical observations of comorbid AID in individual patients with RE, as well as of the occurrence of AIDs in their relatives, will be reported. Detailed medical and family histories and molecular analysis in a large series of probands with RE and their families would be required to confirm the evidence for a shared immunogenetic predisposition between RE and common AIDs with complex inheritance, including shared susceptibility loci, and specific alleles.

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CORRECTION
Occupational complexity and lifetime cognitive abilities
In the article “Occupational complexity and lifetime cognitive abilities” by E.L. Smart et al. (Neurology® 2014;83:2285–2291), there are 2 errors in table 3. In the top row, under Models 3 and 4, the p values should read 0.013 and 0.026, rather than 0.13 and 0.260 as originally published. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).

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