Reply:

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Uremic encephalopathy can be divided into 3 patterns according to the involved area: basal ganglia, cortical or subcortical area, and white matter. Considering the clinical condition and imaging findings, we classified the 2 patients showing cortical and basal ganglia involvement as having uremic encephalopathy. As Dr Das and colleagues have suggested, SWI is helpful for detecting microhemorrhage in some conditions such as PRES and is more sensitive than the gradient recalled-echo (GRE) sequence of 1.5T and 3T scanners. However, in our study only GRE sequence was available in 2/3 patients with a 1.5T scanner and 4/7 patients with a 3T scanner, and we did not find any microhemorrhages related to uremic encephalopathy.

Many various etiologies may play an important role in CRF, but diabetes mellitus–related CRF may be related to the LFS in the patients with uremic encephalopathy, especially Asian individuals, considering previous studies as well as our study. Once again, although we did not verify the sensitivity or specificity of the LFS due to the small number and selection bias in our study, it is important to consider the relationship between uremic encephalopathy and LFS in patients with CRF or ARF.

REFERENCES