

## [ LETTERS TO THE EDITOR ]

### Comment: “Subacute Combined Degeneration of the Spinal Cord Caused by Autoimmune Gastritis”

**Key words:** myeloneuropathy, subacute combined degeneration of the spinal cord, autoimmune gastritis

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*To the Editor* We read with great interest the manuscript by Ota et al. concerning “Subacute Combined Degeneration of the Spinal Cord Caused by Autoimmune Gastritis” (1), highlighting the subacute combined degeneration of the spinal cord caused by chronic vitamin B12 deficiency due to autoimmune gastritis.

We feel that the article offers a good opportunity for resident physicians and specialists to review the neurological manifestations of autoimmune polyendocrine syndrome.

The patient had peripheral neuropathy with lower limb sensory dominance and was thus diagnosed with myeloneuropathy.

Myeloneuropathy (MNP) is characterized by the simultaneous damage of the tracts of the spinal cord and peripheral nerves in the lower limbs.

It is a frequently encountered condition and often poses a diagnostic challenge. A variety of nutritional, toxic, metabolic, infective, inflammatory, and paraneoplastic disorders

can present with MNP. Nutritional deficiencies lead to MNP with a clinical picture of subacute combined degeneration of the spinal cord (2). In subacute combined degeneration of the spinal cord, there is dysfunction of the posterior and lateral columns of the spinal cord along with the involvement of peripheral and optic nerves, as well as, to some extent the brain.

Our one note is that we wish the authors had complemented the assessment with a neurophysiological study of the somatosensory evoked potential and determination of the serum level of copper.

We congratulate the authors on this report and thank them for delving into such an interesting topic, which we feel will serve as motivation for further studies.

**The authors state that they have no Conflict of Interest (COI).**

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### References

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