

[LETTERS TO THE EDITOR]

Reply to “Subacute Combined Degeneration of the Spinal Cord Caused by Autoimmune Gastritis”

Key words: subacute combined degeneration of the spinal cord, autoimmune gastritis, vitamin B12

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The Authors Reply We would like to thank Dr. Hernandez Fustes OJ and Dr. Arteaga Rodriguez C for their interest in our paper (1) and for taking the time to express their thoughts, particularly with regard to their advice to the assessment with a neurophysiological study of the somatosensory evoked potential and determination of the serum level of copper.

First, we agree with this advice. The neurophysiological study revealed that the somatosensory evoked potentials had been lost in the right ulnar nerve and the bilateral sural nerves in this patient.

Second, we did not perform tests for to determine the se-

rum level of copper; however, none of the findings suggested a copper deficiency. The patient was not consuming an unbalanced diet, nor did she have a history of gastrectomy. In addition, she showed no signs of leukopenia, optic nerve disorder, bladder disorder, or cerebellar ataxia. We therefore feel that the neuropathy was able to be explained by vitamin B12 deficiency, suggesting that peripheral neuropathy can indeed be caused by vitamin B12 deficiency.

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

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Reference

1. Ota K, Yamaguchi R, Tsukahara A, et al. Subacute combined degeneration of the spinal cord caused by autoimmune gastritis. Intern Med 59: 2113-2116, 2020.

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