

Comment: Nonscalpel myelopathy: Cervical myelopathy secondary to neuromyelitis optica

Dear Editor,

We read with great interest the manuscript by Patel *et al.* entitled, “Nonscalpel myelopathy: Cervical myelopathy secondary to neuromyelitis optica,”^[1] drawing the attention of the neuromyelitis optica diagnosis.

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

Neuromyelitis optica spectrum disorders are rare antibody-mediated disorders of the central nervous system, with a predilection for the spinal cord and optic nerves. The hallmark manifestations are recurrent longitudinally extensive transverse myelitis and optic neuritis.

The clinical utility of evoked potential recordings in the diagnosis of neurological diseases already been established, which can detect clinically silent lesions in visual, auditory, sensory and motor pathways, particularly in Neuromyelitis optica, abnormal visual evoked potentials are an indicator of optic nerve involvement.

The patient had numbness in all four extremities and hand weakness for 2 weeks with an examination notable for diminished posterior column function, because these disorders may present with predominantly myelopathy; hence, a careful neurologic examination and a thoughtful diagnostic evaluation are necessary to establish a diagnosis.^[2]

As a single suggestion, we would like the authors to have complemented the assessment with a neurophysiological study with the electroneuromyography, visual evoked potentials, and somatosensory evoked potential.

We congratulate the authors for the report and the opportunity to delve into a topic so interesting that it will serve as a motivation for further studies.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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