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Reply:

N. Kumar

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Reply:

I thank Drs Savoiardo and Grisoli for adding to my Review Article on neuroimaging in superficial siderosis by providing 3 MR imaging illustrations of olfactory nerve involvement in this condition. I agree that anosmia and impaired peripheral vision may be under-reported symptoms.

“CSF hypovolemia” would mean decreased volume of CSF, and this term is preferred to “craniospinal hypotension” because a reduced CSF pressure may not describe the pathophysiology of the spectrum of abnormalities noted with dural defects.^{1,2}

Hereditary hemochromatosis is unlikely to cause neurologic manifestations.³ To my knowledge, there is limited information to confirm the suggestion that the hyperattenuation seen on head CT in some patients with superficial siderosis is due to iron and not calcium. High-definition x-ray fluorescence mapping and spectroscopy of siderotic spinal cord tissue has not shown the presence of calcium.⁴ In many patients with superficial siderosis, no abnormality is noted on CT. Furthermore, many of the conditions associated with primary brain iron accumulation (neurodegeneration with brain iron accu-

mulation) do not have abnormalities on CT, despite striking changes on brain MR imaging, particularly on gradient-echo sequences.⁵

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