Prognostic factors and analysis of mortality due to brain haemorrhages associated with vitamin K antagonist oral anticoagulants. Results from the TAC Registry☆

Factores pronósticos y análisis de la mortalidad de las hemorragias cerebrales asociadas a anticoagulantes orales antagonistas de la vitamina K. Resultados del estudio TAC Registry

Dear Editor:

The article by Zapata-Wainberg et al.[1] called my attention as it makes no reference as to whether surgical treatment was used in any case. Our understanding of this condition may have improved if the benefits of surgery had been analysed. A contemporary article by Fernández-Sanz et al.[2] explicitly mentions that surgically treated patients were excluded.

Since the STICH study, we have questioned the usefulness of surgery for spontaneous haematomas and especially for haematomas associated with coagulation disorders. According to the clinical practice guidelines in intracerebral haemorrhage published by the Spanish Society of Neurology,[3] the benefits of surgery do not outweigh the procedure's potential for harm in most cases; the guidelines provide several recommendations for surgical treatment. However, in daily clinical practice, we are often consulted about the possibility of surgical treatment that, in our opinion as experts, will be futile, even though it is difficult at times to contain the enthusiasm for treatment. In the meantime, we must acknowledge that retrospective studies such as the article in question do provide information, which is generally already known. However, there is a need for further prospective studies to establish, for example, the cases in which surgery would improve outcomes, in terms of both mortality and morbidity. Therefore, it is essential that future prospective studies include the participation of the specialties involved in this treatment: neurology, neurosurgery, neuroradiology, anaesthesiology, intensive care, etc. Despite the existence of many cerebrovascular disease registries, where the main concern of the authors often seems to be to find an attractive name, it may be more productive to focus on improving clinical history and using the minimum basic dataset (MBDS) to expand our knowledge of haemorrhagic strokes. The study by Hernández-Medrano et al.[4] reports that the quality of the MBDS for cerebrovascular diseases guarantees the collection of valid information and that the registry of hospital discharges may be a useful tool for performing studies on this condition. The most useful parameters for determining whether a healthcare system is efficient are the destination at discharge and hospitalisation duration.

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Urinary symptoms in patients with amyotrophic lateral sclerosis☆

Síntomas urinarios en pacientes con esclerosis lateral amiotrófica

Dear Editor:

It was with great interest that we read the article by Martínez et al.[1] on the frequency of non-motor symptoms in patients with amyotrophic lateral sclerosis (ALS). The relatively high incidence of these symptoms is becoming increasingly apparent, and has considerable implications for prognosis and treatment.[2] However, the authors report a surprisingly low incidence of ''urinary problems'' (2%). It is unclear what type of urinary problems the authors are referring to, but a previous study by our research group[3] found lower urinary tract symptoms (evaluated with standardised questionnaires) in 43.6% of a series of patients with ALS, with 26.3% of patients presenting urgency urinary incontinence; these incidence rates are similar to those reported in other studies.[4,5] In most patients, symptoms affected both bladder filling and voiding, and were

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attributable to detrusor sphincter dyssynergia.[3] In fact, our results showed that although urinary symptoms were slightly more frequent in men, incidence was not influenced by age or such clinical characteristics as the subtype of motor neuron disease.[6] Furthermore, an association was found between presence of urinary symptoms and poorer prognosis.[6] Our findings contradict the idea, widespread among both patients and healthcare professionals, that urinary symptoms are rare in ALS and secondary to loss of mobility.[7] Screening for filling and voiding symptoms and urinary incontinence with validated questionnaires is essential in patients with ALS due to the negative impact that these potentially treatable problems may have on patient quality of life.[3]

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Conflicts of interest

None.

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Primary central nervous system lymphoma mimicking cerebellopontine angle lesion☆

Linfoma primario del sistema nervioso central aparentando lesión del ángulo pontocerebeloso

Dear Editor:

It was with great interest that we read the article by Berrocal-Izquierdo et al.,[1] describing the case of a patient with primary central nervous system lymphoma (PCNSL) associated with symptoms of a left cerebellopontine angle lesion. According to the authors, prior to their report, 16 cases had previously been reported of PCNSL mimicking cerebellopontine angle masses.

In 1994, our research group reported the clinical-pathological case of a patient with PCNSL presenting as a left cerebellopontine angle lesion; at that time, 7 similar cases had been described.[2] A literature search on PubMed (''cerebellopontine angle lymphoma,'' on 29 November 2018) yielded 52 results; although not all references describe patients with PCNSL, these results do suggest that the association between cerebellopontine angle lesions and PCNSL may not be as rare as one may think.

Our patient was a 39-year-old woman with one-year history of occipital headache showing poor response to analgesics.[2] She was admitted due to exacerbation of headache, with vomiting, otalgia, hearing loss, and left-sided facial paraesthesia. A head CT scan revealed a

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