

Clinical profile, antibiotic treatment, and risk of stroke in patients with infective endocarditis



Perfil clínico, tratamiento antibiótico y riesgo de ictus en pacientes con endocarditis infecciosa

I read with great interest the article by Rodríguez-Montolio et al.¹ on the prevalence of stroke among patients with endocarditis. The authors describe the differences in baseline characteristics between patients with and without stroke; this is an important consideration, as several clinical predictors of acute cerebrovascular accident have been identified in patients with infective endocarditis.² For instance, in the prospective registry of the Spanish Collaboration on Endocarditis group (GAMES, for its Spanish initials), 17% of diabetic patients presented stroke during hospitalisation due to infective endocarditis, compared to 11% of patients without diabetes.³ Unfortunately, the authors do not include information on diabetes or other clinical characteristics, which would have been valuable, given that this information is easy to obtain. The authors also do not compare the onset of antibiotic treatment in patients with and without stroke. This information is highly relevant, as previous studies have shown a clear association between delayed onset of antibiotic treatment and the risk of stroke.⁴

Conflicts of interest

The author has no conflicts of interest to declare.

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Cerebellar hypermetabolism: an alternative marker for diagnosis of paraneoplastic cerebellar degeneration



Hipermetabolismo cerebeloso: un marcador alternativo para el diagnóstico de degeneración cerebelosa paraneoplásica

Dear Editor:

The central nervous system (CNS) may be the target of detrimental cellular and humoral immune responses in the case of autoimmune disease. These immune-mediated autoimmune disorders occur in paraneoplastic and non-paraneoplastic contexts, creating a vast and heterogeneous distribution.¹ One of the most common paraneoplastic neurological syndromes (PNS) is paraneoplastic cerebellar degeneration

(PCD), including various neurological disorders presenting with cerebellar dysfunction. It is characterized by subacute pan-cerebellar symptoms in patients who usually begin with gait ataxia followed by dysarthria, nystagmus, and appendicular ataxia.² Neurological dysfunction may occur before detecting the underlying cancer or up to several years after detection.³ Therefore, neurologists need to have a high level of suspicion, leading to early detection of associated cancer. Early detection and localization of the primary malignancy are necessary to eliminate the underlying cause and prevent metastasis.⁴ Positron emission tomography (PET) using 18 F-fluorodeoxyglucose (FDG) is an effective diagnostic tool in the early detection of primary tumors.⁵ On the other hand, many recently published studies have reported that PET has significantly high sensitivity and specificity to detect primary malignancies and thus high accuracy in confirming the diagnosis of PCD.⁶ To the best of our knowledge, we discuss an anti-YO antibody positive female patient, one of the anti-onconeural antibodies found in PCD patients, presenting with acute PCD symptoms as the first manifestation of