

Disputes & Debates: Editors' Choice

Steven Galetta, MD, FAAN, Editor
Aravind Ganesh, MD, DPhil, FRCPC, Deputy Editor
Ariane Lewis, MD, Deputy Editor
James E. Siegler III, MD, Deputy Editor

Editors' Note: SARS-CoV-2 Vaccination Safety in Guillain-Barré Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, and Multifocal Motor Neuropathy

Dr. Baars and colleagues examined the risk of recurrence of Guillain-Barré syndrome (GBS) and exacerbations of chronic inflammatory demyelinating polyneuropathy (CIDP) or multifocal motor neuropathy (MMN) after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination in a prospective, multicenter cohort analysis of 521 individuals diagnosed with GBS, CIDP, or MMN. The authors found no increased risk of GBS recurrence and a low-to-negligible risk of worsening of CIDP or MMN-related symptoms after SARS-CoV-2 vaccination and concluded that SARS-CoV-2 vaccination in patients with these immune-mediated neuropathies seems safe. In response, Dr. Harth reports having developed a brachial plexopathy and postural orthostatic tachycardia syndrome after her third coronavirus disease vaccination, noting that it will be challenging to convince people like her to willingly accept another vaccination. Nevertheless, she appreciates the reassuring data presented by the authors. Responding to these comments, the authors note that several patients in their study shared similar concerns about the potential for neurologic complications when obtaining a SARS-CoV-2 vaccination, particularly when they had developed GBS or CIDP after another vaccination. They suggest weighing the risk of developing a serious infection—which could carry a higher risk of neurologic complications—against the chance of developing postvaccination neurologic disease. This exchange highlights important nuances involved in considering vaccination in patients with preexisting neurologic disease.

Aravind Ganesh, MD, DPhil, FRCPC, and Steven Galetta, MD
Neurology® 2023;101:50. doi:10.1212/WNL.0000000000207540

MORE ONLINE

COVID-19 Resources

For the latest articles, invited commentaries, and blogs from physicians around the world
[NPub.org/COVID19](https://www.npub.org/COVID19)

Reader Response: SARS-CoV-2 Vaccination Safety in Guillain-Barré Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, and Multifocal Motor Neuropathy

Cara E. Harth (Stony Brook, NY)
Neurology® 2023;101:50–51. doi:10.1212/WNL.0000000000207542

I appreciate the data presented by Baars et al.¹ regarding the risk of recurrence of Guillain-Barré syndrome and exacerbations of chronic inflammatory demyelinating polyneuropathy or multifocal motor neuropathy after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination. As a neurologist who developed 2 separate types of peripheral nervous system dysfunction after my most recent SARS-CoV-2 vaccination booster, I am particularly attuned to this. I developed both a brachial plexopathy and also dysautonomia (Postural Orthostatic Tachycardia Syndrome) after my third coronavirus disease vaccination.

I appreciate that the authors broke down patients by etiology of their disease. It is helpful to know that even the patients who developed their disease after vaccination did not go on to develop worsening disease after a subsequent vaccination. It would also be interesting to look

Author disclosures are available upon request (journal@neurology.org).

at additional types of neurologic disease that occurred after vaccination (e.g., transverse myelitis). However, I think this also brings to light issue of Evidence-Based Medicine vs the Art of Medicine.

Speaking from my own personal experience, it is going to be extremely difficult to convince me (and other patients) to willingly accept another vaccination, always wondering if the next vaccination will cause yet another neurologic complication. Continuing to publish data such as these is the first step.

1. Baars AE, Kuitwaard K, de Koning LC, et al. SARS-CoV-2 vaccination safety in Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy, and multifocal motor neuropathy. *Neurology*. 2023;100(2):e182-e191. doi:10.1212/WNL.0000000000201376

Copyright © 2023 American Academy of Neurology

Author Response: SARS-CoV-2 Vaccination Safety in Guillain-Barré Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, and Multifocal Motor Neuropathy

Adája E. Baars (Rotterdam, the Netherlands), Pieter A. Van Doorn (Rotterdam, the Netherlands), Bart C. Jacobs (Rotterdam, the Netherlands), and Krista Kuitwaard (Dordrecht, the Netherlands)
Neurology® 2023;101:51. doi:10.1212/WNL.0000000000207541

We appreciate the comment by Dr. Harth concerning our recent prospective study that investigated the risk of recurrences of Guillain-Barré syndrome (GBS) and exacerbations of chronic inflammatory demyelinating polyneuropathy (CIDP) or multifocal motor neuropathy after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination.¹ We regret that our colleague experienced both brachial plexopathy and dysautonomia after a third coronavirus disease vaccination. Without the presence of other antecedent events, vaccination cannot be ruled out as a potential cause.

Several patients in our study shared similar concerns when obtaining SARS-CoV-2 vaccination, in particular when GBS or CIDP developed after another vaccination (e.g., against flu). Our study design is unsuitable to exclude the possibility of a causal relationship, leaving patients with experiences similar to Dr. Harth's in doubt. The chance of developing a serious infection should be weighed against the chance of developing a new episode of neurologic disease after (re) vaccination.

Another study described that the risk of developing neurologic complications is greater after SARS-CoV-2 infection than after SARS-CoV-2 vaccination.² Only 19 patients in our study were previously diagnosed with GBS or CIDP after a vaccination, but also in these patients we found no reason for concern. We agree that robust data on potential causes of neurologic complications are needed and emphasize that open communication with patients about their concerns remains important.

1. Baars AE, Kuitwaard K, de Koning LC, et al. SARS-CoV-2 vaccination safety in Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy, and multifocal motor neuropathy. *Neurology*. 2023;100(2):e182-e191. doi:10.1212/WNL.0000000000201376
2. Patone M, Handunnetthi L, Saati D, et al. Neurological complications after first dose of COVID-19 vaccines and SARS-CoV-2 infection [published correction appears in *Nat Med*. 2021;27(12):2249]. *Nat Med*. 2021;27(12):2144-2153. doi:10.1038/s41591-021-01556-7

Copyright © 2023 American Academy of Neurology

Presymptomatic Lesion in Childhood Cerebral Adrenoleukodystrophy

Timing and Treatment

Neurology® 2023;101:52. doi:10.1212/WNL.0000000000201440

In the Research Article entitled “Presymptomatic Lesion in Childhood Cerebral Adrenoleukodystrophy: Timing and Treatment” by Mallack et al.,¹ the title of Figure 5 should be “Diagnostic LS \leq 1.0: Time From CCALD Diagnosis-to-Enhancement.” The publisher regrets the error.

Reference

1. Mallack EJ, Van Haren KP, Torrey A, et al. Presymptomatic lesion in childhood cerebral adrenoleukodystrophy: timing and treatment. *Neurology*. 2022;99(5):e512-e520. doi:10.1212/WNL.0000000000200571.

Spatial-Temporal Patterns of β -Amyloid Accumulation

A Subtype and Stage Inference Model Analysis

Neurology® 2023;101:52. doi:10.1212/WNL.0000000000201144

In the Research Article “Spatial-Temporal Patterns of β -Amyloid Accumulation: A Subtype and Stage Inference Model Analysis” by Collij et al.,¹ the following information was mistakenly omitted from the Acknowledgment section:

Data were provided by OASIS OASIS-3: Principal Investigators: T. Benzinger, D. Marcus, J. Morris; NIH P50 AG00561, P30 NS09857781, P01 AG026276, P01 AG003991, R01 AG043434, UL1 TR000448, R01 EB009352. AV-45 doses were provided by Avid Radio-pharmaceuticals, a wholly owned subsidiary of Eli Lilly. OASIS-3: doi.org/10.1101/2019.12.13.19014902.

The authors regret the omission.

Reference

1. Collij L, Salvadó G, Wottschel V, et al. Spatial-temporal patterns of β -amyloid accumulation: a subtype and stage inference model analysis. *Neurology*. 2022;98(17):e1692-e1703.

Natural History Study of *STXBPI*-Developmental and Epileptic Encephalopathy Into Adulthood

Neurology® 2023;101:52. doi:10.1212/WNL.0000000000201612

In the Research Article entitled “Natural History Study of *STXBPI*-Developmental and Epileptic Encephalopathy Into Adulthood” by Stamberger et al.,¹ the 18th author’s name should be Melanie Leffler. The authors regret the error.

The article has now been replaced by a corrected version.

Reference

1. Stamberger H, Crosiers D, Balagura G, et al. Natural history study of *STXBPI*-developmental and epileptic encephalopathy into adulthood. *Neurology*. 2022;99(3):e221-e223. doi:10.1212/WNL.0000000000200715.

Neurology[®]

Presymptomatic Lesion in Childhood Cerebral Adrenoleukodystrophy: Timing and Treatment

Neurology 2023;101;52 Published Online before print November 29, 2022
DOI 10.1212/WNL.0000000000201440

This information is current as of November 29, 2022

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/101/1/52.1.full
References	This article cites 1 articles, 1 of which you can access for free at: http://n.neurology.org/content/101/1/52.1.full#ref-list-1
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2023 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

