

Letter to Editor

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I have read the article 'Is testosterone a potential agent for patients with delayed recovery from Guillain-Barre' Syndrome?'¹ which emphasizes a very important aspect of management of Guillain Barre' syndrome (GBS). However I would like to highlight some issues in relation to this article.

1. There is a major flaw in the contents of table titled "First nerve conduction study on day 3" of the said article. The values of distal motor latencies (DML) are not shown in this table. As a consequence, the motor conduction velocities (MCV) indicated are questionable since it is not possible to calculate MCV without DML values. Latencies of sensory conduction are not presented either.
2. In the absence of DML values it is not possible to draw accurate conclusions. There is no basis for the given diagnosis of acute inflammatory demyelinating neuropathy (AIDP). In fact, the findings presented in this table are suggestive of axonal degeneration (reduced action potential amplitudes with preserved conduction velocities) rather than demyelination. There is one conduction block which is a known phenomenon in acute axonal neuropathies as has been reported in axonal GBS^{2,3,4}.
3. There are also many inconsistencies and deficiencies in all the tables containing NCS findings such as non-uniform labelling or unlabelling of the stimulation, recording sites and segments, empty cells without any data of which the meaning is unclear

and the use of unexplained non standard abbreviations.

The above errors are misleading to the readers and can also degrade the high standards achieved by the journal. As such it is imperative that the situation with regards to those NCS tables is clarified or rectified.

References

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