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Letter to the editor about the paper by Bot *et al.* on military enhancement in the brain

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We read with great interest the paper by Bot *et al.* on military enhancement in the brain [1]. This is a scholarly article of clinical utility; the broad range of differential diagnoses underlying this unusual pattern of radiological changes is clearly discussed and a systematic approach to investigation and management of these challenging cases is presented.

We agree with the authors that careful work up of patients may avert the need for diagnostic brain biopsy but disagree with the recommendation that biopsy should be considered *after* a trial of corticosteroid therapy. We are concerned that this approach has potential to delay definitive diagnosis and targeted treatment, most particularly for CNS lymphoma. Although not pathognomonic, lymphoma is frequently steroid-responsive but relapses on corticosteroid withdrawal. Furthermore, our own experience is in keeping with other reports indicating that prior corticosteroid treatment complicates histological interpretation in as many as 50% of subsequent CNS biopsies, increasing subjectivity and diagnostic uncertainty. [2-4] Opportunities to tailor treatment to other steroid-sensitive conditions with distinct treatment regimens such as primary CNS vasculitis or neurosarcoidosis may be similarly missed.

Although the risks of brain biopsy are not to be taken lightly, we no longer consider diagnostic brain biopsy in cryptogenic neurological disease an investigation of 'last resort'. There have been significant improvements in the safety of the procedure and the high diagnostic yield, particularly when a radiological target is identified, is notable [5].

Overall therefore, in those cases of cryptogenic neurological disease where there has been comprehensive diagnostic work-up but where the diagnosis remains uncertain, we advocate pursuing a histological diagnosis in advance of corticosteroid therapy, most particularly when lymphoma is included in the list of differential diagnoses [4].

Compliance with ethical standards

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Conflict of interest The authors declare that they have no conflict of interest.

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