In the evaluation of new-onset seizures in pregnant and post-partum women, the authors state that patients “should undergo thorough investigation, usually including MRI sequences”. This statement could be taken to mean that all such patients require MRI for diagnosis, which is practically impossible in a resource-limited setting. Instead, the utility of CT venography should have been emphasised, at least for post-partum women. Multidetector CT venography has equal sensitivity to magnetic resonance venography for diagnosis of CVST. Multidetector CT venography also provides better anatomical visualisation of the dural sinuses and cerebral veins than does magnetic resonance venography of various strengths.

Although Edlow and colleagues have described all the clinical features of CVST, we emphasise the importance of papilloedema as a clinical sign because it often provides the first clinical clue of a possible CVST, especially in patients who present in the emergency ward with new-onset seizures without any focal neurological deficit. Finally, CVST can present as isolated psychiatric abnormality and can be misdiagnosed as post-partum psychosis or depression. We declare that we have no conflicts of interest.

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Author’s reply

We thank Vy and Goyal for their comments on our Review of neurological emergencies in pregnant and post-partum women. Their comments focus on patients with cerebral venous sinus thrombosis (CVST).

They suggest that we over-emphasised risk factors for CVST in high-income countries, since even in that setting the disease is rare. Multiple risk factors exist that are independent of those in low-income regions and these other risk factors must also be considered. However, this does not alter our recommendation that paying attention to nutrition, hydration, and infections makes sense.

Regarding their comment about our proposed tests for new-onset seizures in patients with CVST, we noted in our Review that these patients need a work-up “usually including MRI”. For seizures in pregnant and post-partum women, the differential diagnosis is wider than just CVST. We emphasise our exception of patients with typical pre-partum eclampsia (who may not need any imaging). As for CVST in particular, some investigators do consider magnetic resonance venography to be the test of choice. However, we agree that CT venography is more readily available in many settings and that modern CT scanners have sensitivity for CVST equivalent to that of MRI. Within any region the availability of resources varies; in the Hyderabad Indian series of 428 patients with CVST, 398 had MRI. Other advantages and disadvantages of CT compared with MRI must also be considered—eg, for a patient with a history of a serious allergy to iodinated contrast agent, MRI would be preferred. For a patient who has severe difficulty lying still, the much faster CT might be preferable.

For clinical manifestations, we listed papilloedema as one physical finding in patients with CVST. We agree that physical examination is important, even in resource-rich settings. However, the frequency of papilloedema varies widely in reported series, from 10% to 73%, and the absence of papilloedema does not exclude a diagnosis of CVST. Clinicians must be aware of the limitations of physical examination findings, just as they are for imaging and other tests.

Concerning primary psychiatric manifestations, psychiatric symptoms are common in post-partum women. We agree that CVST can present with behavioural symptoms, but this is a rare presentation of an uncommon disease. Therefore, clinicians should recognise that CVST is an unlikely explanation when a post-partum patient presents with new psychiatric symptoms.

We declare that we have no conflicts of interest.

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Unique drawings by Duchenne de Boulogne

Guillaume Duchenne de Boulogne (1806–75) is renowned not only for his contributions to the field of muscular diseases, but also for pioneering the use of photography in medical books. Despite his fondness of photography, Duchenne was also a keen illustrator and used his fine drawing skills to portray...
Indeed, in the introduction to the album of photos added to the second edition of *De l’Electrisation Localisée* published in 1862, Duchenne indicated that he was not completely satisfied by photography: “with my photographs, I showed the way but I am afraid of reaching for perfection.” He later realised the advantages of drawing compared with photographs: it lets the drawer emphasise some essential lines of the face to better make a point. In the early 1870s, when these plates might have been drawn, Duchenne was preparing the second edition of *Mécanisme de la Physionomie Humaine*. He might have preferred to use his own drawings for this upcoming edition—although he could have used collotype for multiple copies of photographs, as did Darwin—but Duchenne died in 1875, 1 year before the second edition was published.

We declare that we have no conflicts of interest. We thank François Delaporte for valuable discussion.

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3 Duchenne de Boulogne G. De l’Electrisation Localisée et de son Application à la Physiologie, à la Pathologie et à la Thérapeutique. Paris: JB Baillière; 1855.