CORRESPONDENCE

TO THE EDITOR

Re: Whiplash and concussion: similar acute changes in middle-latency SEPs. Zumsteg D, Wennberg R, Gütling E, Hess K. Can J Neurol Sci. 2006;33:379-86.

Response to Letter to the Editor

We read with interest the comments of Dr. Rees¹ regarding our article.² In our paper, we certainly did not mean to imply that irreversible structural brain damage occurs in common whiplash. Our reference to the historical work of Gennarelli et al³ in severe brain injury was made simply to suggest that high parietal areas may be considered likely candidate regions for post-traumatic dysfunction. As we mention in the article, we believe that transient neurochemical changes are probably most relevant to mild traumatic brain injury.²

Dr. Rees points out that no control groups of patients with other types of injuries, pain or affective disturbances were studied, and suggests that the middle-latency SEP abnormalities might be non-specifically related to pain or the psychological after-effects of the antecedent trauma. We have not seen middle-latency SEP abnormalities in uninjured patients with depression or headache, but it could be informative to study such patients systematically in the future. However, the observation that clinical symptoms such as depression, headache, neck pain, memory impairment and concentration difficulties outlasted the middle-latency SEP abnormalities in many of our patients

suggests to us that the transient SEP abnormalities are specifically related to the mild traumatic brain injury, and not to the various clinical symptoms that can outlast the abnormal SEP findings. Furthermore, some of our patients with abnormal SEP findings reported no such clinical symptoms whatsoever, highlighting the lack of relation between symptoms and SEP changes, an observation that may be relevant to Dr. Rees' final question as to whether "whiplashed demolition derby drivers having no symptoms" might show SEP abnormalities.

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