

sult of a possible influence of anticholinergic drugs on the cognitive tests in patient groups and subgroups. Although not mentioned in the article, the patients were analyzed in separate groups (users and non-users of anticholinergic drugs in the Parkinson group). There was no significant difference between the groups (Table). When compared with the control group, a statistically significant difference was observed in all the tests for the anticholinergic users, except in the errors/attention test. However, there was a statistically significant difference between the control group and the group that did not use anticholinergics in all tests (Table).

Caixeta et al. point out that the Parkinson group with depression yielded scores similar to those for the Parkinson group without depression, and they attribute these values to the fact that the Parkinson group without depression was probably compromised by the use of anticholinergic drugs. It can be seen from Table that MADRS was significant, since this is a test for depression. The only difference between the groups occurred in the animals test. This could be because of greater difficulty in category rather than phonetic verbal fluency<sup>2</sup>.

Some antiparkinsonian drugs can have some effect on cognition and depression. Levodopa has limited or no antidepressant effect and can occasionally be responsible for depression. However, the reported frequency of depression before and after the start of levodopa therapy was similar. This does not support the idea that this drug may increase the frequency of depression, although the possibility that it plays a role in precipitating or exacerbating the condition cannot be definitively excluded<sup>3</sup>. Do-

paminergic agonists can also affect mood and generally lead to an improvement in depressive symptoms. Mood changes in response to these drugs tend to vary more than the motor responses<sup>4,5</sup>. Drugs with a potential anticholinergic effect have little influence on mood changes, and although in some cases they can lead to mild euphoria, they are relatively ineffective as antidepressants. The possible effects on cognition can vary according to the stage of the disease and the extent to which the extranigral dopaminergic pathways are compromised<sup>6</sup>.

Diagnosis of depression in Parkinson's disease can be extremely complicated. The question remains as to whether it is the result of basic physiopathological mechanisms or secondary to motor impairment<sup>5,7</sup>.

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## GLOSSOPHARYNGEAL NEURALGIA WITH SYNCOPE AS A SIGN OF NECK CANCER RECURRENCE

### TO THE EDITOR

I have read the article (case report) "Glossopharyngeal neuralgia with syncope as a sign of neck cancer recurrence" by Reinaldo Teixeira Ribeiro et al.<sup>1</sup>, and found it extremely interesting. I would like to give a historical contribution; not regarding the rare relationship between glossopharyngeal neuralgia with syncope and neck cancer, because authors approached this very well, but in respect to the following citation in the first paragraph of the discussion: "Among the Brazilian cases of classical glossopharyngeal neuralgia previously reported..." Here, the authors missed an opportunity to include Professor Pedro Sampaio's fundamental work on this issue.

The first and most important study in Brazil concerning glossopharyngeal neuralgia was made by Professor Pedro Sampaio when he made his Livre Docência Thesis to Universidade do Brasil in 1954, and published his results that same year in the *Jornal Brasileiro de Neurologia*<sup>2</sup>.

Pedro Sampaio made an extensive clinical study describing ten cases of glossopharyngeal neuralgia, experimental research utilizing eight dogs, and a broad bibliographic review. In respect to two of his patients; one with glossopharyngeal neuralgia and fainting sensations (case 9) and the other with concomitant tonic-clonic seizures (case 10), he created the term "neuralgia sinocarotidea" to denominate the algic form localized in the pos-

terior third of the tongue, superior part of the pharynx, tonsils, with irradiation to the ears, and syncopal and convulsive states which disappears after the neurectomy. The importance of his work acquired international recognition in 1985, when, after his lecture about this theme in the Facial Neuralgia Session in the VI World Congress of Neurosurgery Society in Toronto, the head of the session, Dr. William Scoville, publicly stated that due to the excellence and magnitude of Professor Pedro Sampaio's work, the "sino-carotídeo" form of glossopharyngeal neuralgia would be known as "Sampaio's Syndrome".

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#### AUTHORS' REPLY

Dear Dr. Pêricles Maranhão-Filho, we appreciate your interest in our article and welcome your historical contribution. Professor Pedro Sampaio was one of the pioneers of neurological surgery in Rio de Janeiro, where he organized the neurosurgery service of the Pedro Ernesto Hospital<sup>1</sup>. His Livre Docência Thesis was published in 1954 and brought a great contribution to the study of the glossopharyngeal nerve and its classical neuralgia<sup>2</sup>. Since articles published prior to 1966 are not regularly indexed, investigators have difficulties to reach them. However, the importance of Professor Pedro Sampaio's work should not be forgotten for the lack of indexation. We are very grateful for your historical amendment to our article.

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