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François Mifsud, Diane Messenger, Anne-Sophie Jannot, Benoît Védie, Nadia Aissaoui Balanant, Tigran Poghosyan, Edouard Flamarion, Claire Carette, Léa Lucas-Martini, Sébastien Czernichow, et al.

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## Letter to the Editor

## Response to the letter by Onishi and al. regarding “Clinical diagnosis, outcomes and treatment of thiamine deficiency in a tertiary hospital”

We have read with interest the letter addressed by Onishi and al. about our recent article entitled “Clinical diagnosis, outcomes and treatment of thiamine deficiency in a tertiary hospital”. While we agree with the authors’ remarks about the diagnosis of thiamine deficiency, we would like to provide some clarifications about the interpretation of our study.

As mentioned in the article’s text, the nature of our study does not allow to estimate the prevalence of thiamine deficiency in this population. The aim of the retrospective analysis of cases diagnosed and encoded into the electronic medical record was to study the clinical presentation and outcome of such cases, not to estimate a prevalence. The low number of cases reported during the 10 years study period led us to conclude that thiamine deficiency is likely underdiagnosed in our population, especially in patients with no history of alcohol abuse such as cancer patients. We fully agree with Onishi and al. about the possibility of asymptomatic cases of thiamin deficiency that did not meet the criteria for our study. We also agree that future studies aiming at assessing the prevalence of thiamine deficiency and the clinical characteristics of all cases should rely on systematic thiamine measurement in blood samples in the population of interest. Such objectives would also require a prospective design, which was not the case of our study. Our real-life data has shown that, in our center, blood measurement was not obtained before the start of thiamine supplementation for the majority of cases. This is probably due to the long turnaround time of blood thiamine in our center, and the multiple recommendations to start treatment based on clinical symptoms, history and MRI results in an emergency setting. We believe that our study shows those recommendations are well-founded and that the diversity of symptoms should encourage to easily start treatment when in doubt, without waiting for blood thiamine measurement. However, even if the result is not needed to initiate treatment in acute cases, we agree that physicians should initially order a blood sample for thiamine measurement before starting treatment, for diagnostic and epidemiologic purposes.

François Mifsud

*Hôpital Européen Georges Pompidou, Service de Nutrition, Centre Spécialisé Obésité (CSO) Ile-de-France-Sud, APHP-centre, Université de Paris, France*

*Université de Paris Cité, F-75015, Paris, France*

Diane Messenger  
*Hôpital Cognaq-Jay, Service de Nutrition, Paris, France*

Anne-Sophie Jannot  
*Université de Paris, F-75015, Paris, France*

*Hôpital Européen Georges Pompidou, Service D’Informatique, Biostatistiques et Santé Publique, APHP-centre, Université de Paris, France*

Benoît Védie  
*Université de Paris Cité, F-75015, Paris, France*

*Hôpital Européen Georges Pompidou, Service de Biochimie, APHP-centre, Université de Paris, France*

Nadia Aissaoui Balanant  
*Université de Paris Cité, F-75015, Paris, France*

*Hôpital Européen Georges Pompidou, Service de Médecine Intensive Réanimation, APHP-centre, Université de Paris, France*

Tigran Poghosyan  
*Université de Paris Cité, F-75015, Paris, France*

*Hôpital Européen Georges Pompidou, Service de Chirurgie Digestive, APHP-centre, Université de Paris, France*

Edouard Flamarion  
*Hôpital Européen Georges Pompidou, Service de Médecine Interne, APHP-centre, Université de Paris, France*

Claire Carrette  
*Université de Paris Cité, F-75015, Paris, France*

*Hôpital Européen Georges Pompidou, Service de Nutrition, Centre Spécialisé Obésité (CSO) Ile-de-France-Sud, APHP-centre, Université de Paris, France*

*Centre D’Investigation Clinique, INSERM, U1418, Hôpital Européen Georges Pompidou, Paris, France*

Léa Lucas-Martini  
*Hôpital Cognaq-Jay, Service de Nutrition, Paris, France*

Sébastien Czernichow, Claire Rives-Lange\*  
Hôpital Européen Georges Pompidou, Service de Nutrition, Centre  
Spécialisé Obésité (CSO) Ile-de-France-Sud, APHP-centre, Université  
de Paris, France

Université de Paris Cité, F-75015, Paris, France

INSERM, UMR1153, Epidemiology and Biostatistics Sorbonne Paris  
Cité Center (CRESS), METHODS team, Paris, France

\* Corresponding author. Assistance Publique-Hôpitaux de Paris  
(AP-HP), Service de Nutrition (Centre Spécialisé Obésité), Hôpital  
Européen Georges Pompidou, 20 rue Leblanc, 75015, Paris, France.  
E-mail address: [claire.rives-lange@aphp.fr](mailto:claire.rives-lange@aphp.fr) (C. Rives-Lange).

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