DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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'Déjà Vu', a Mind Trick or a Warning Sign? A Case Report

'Déjà Vu', um 'Truque Mental' ou um Sinal de Alarme? Um Caso Clínico

Keywords: Adolescent; Déjà vu; Ganglioglioma/diagnosis
Palavras-chave: Adolescente; Déjà vu; Ganglioglioma/diagnóstico Microbiana

Dear Editor,

The *déjà vu* (DV) phenomenon is a dissociative experience defined as the feeling of having already witnessed or experienced a current situation.[1] It is an established symptom in temporal lobe seizures and is also associated with disruptions in the prefrontal cortex or hippocampus, although its etiology is still unclear.[1]

We present the case of a 16-year-old male admitted to the emergency department due to an abnormal breathing pattern observed during sleep, followed by a lack of response upon stimulation. This only lasted a few seconds, and the patient developed lethargy, headache, and vomiting afterwards.

The patient mentioned having frequent episodes of DV, two to three times a day, that started two years before.

Since the clinical examination, computed tomography scan, and blood tests were normal, the patient was discharged to the outpatient pediatrics clinic, where he was observed one month later. There, he reported persistence of the DV episodes, but now with multiple episodes per day (about five to six), lasting for a few minutes and accompanied by headaches. There were no episodes of loss of consciousness or seizures. The patient denied dissociative symptoms – disruptions in the sense of self-identity, consciousness, memory, or perception of reality.

After the previous normal electroencephalogram (EEG), a brain magnetic resonance imaging (MRI) was performed, which found an expansive cortico-justacortical lesion on the median temporal right region, suggesting a diagnosis of ganglioglioma (Fig. 1).

The patient was referred to both Oncology and Neurosurgery clinics in our tertiary referral hospital, where biopsy and genetic testing were performed for tumor characterization.

The histopathological examination confirmed a glioneuronal tumor – WHO grade 1: low-grade ganglioglioma (GG).

The patient underwent tumor resection surgery, with successful removal of the tumor. He is now well and does not have any sequelae, as demonstrated by magnetic resonance imaging (MRI), electroencephalography (EEG), and an adequate performance in neuropsychological tests.

Ganglioglioma is a rare mixed neuronal-glial neoplasm, accounting for 0.5% - 5.0% of all pediatric central nervous system tumors. These are most common in the first two decades of life, affecting predominantly male patients with a median age of 12 years.[2]

Gangliogliomas are composed of neoplastic mature ganglion cells in combination with glial cells,[3] can be located anywhere on the neuraxis, but are usually located on the

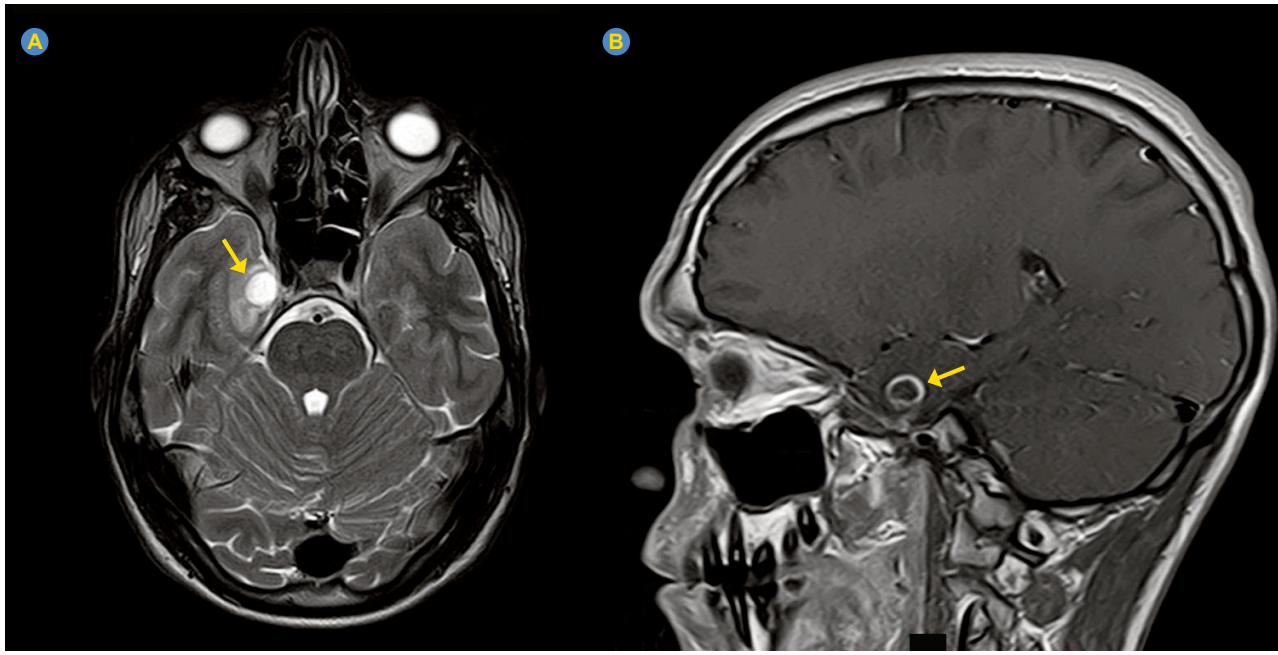

Figure 1 – MRI image: axial (A) and sagittal (B) views showing the tumor on the right temporal lobe (arrows)

temporal and frontal lobes and are therefore commonly associated with refractory seizures.[3] Long-standing epilepsy is frequent.[4]

Genetic mutations lead to MAPK pathway activation and increase cell proliferation. The most common mutation is *V600E* on the *BRAF* gene,[5] which is associated with a higher risk of recurrence after standard therapy in pediatric low-grade gliomas.[2]

Other mutations are *H3F3A* (Histone mutation), *IDH1* and *IDH2* (isocitrate dehydrogenase mutations). In this patient, no genetic mutation was identified.

The curative treatment for low-grade GGs is complete resection. With partial resection, adjuvant or salvage radiation treatment can also be considered.[3]

This case is relevant because it shows how a rather common psychological symptom can conceal an organic disease. In this case, it was the frequency, intensity, and duration of the episodes of DV, associated with other neurological symptoms (i.e., headache and seizure episode), that flagged the need to carry out further investigation and reach the final diagnosis.

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PREVIOUS AWARDS AND PRESENTATIONS

This work was previously presented in the form of a scientific poster at the 22nd National Congress of Pediatrics.

AUTHOR CONTRIBUTIONS

CMF, RSO: Patient follow-up, data acquisition, writing of the manuscript.

JFR, AMR: Writing of the manuscript.

PC: Critical review of the manuscript.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

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COMPETING INTERESTS

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FUNDING SOURCES

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Resposta à Carta ao Editor "Anemia da Doença Renal Crónica: Que Terapêuticas Estão Disponíveis?" Relativa ao Artigo "Anemia da Doença Renal Crónica: O Estado da Arte"

Reply to the Letter to the Editor "Anemia of Chronic Kidney Disease: Which Therapeutics Are Available?" Regarding the Article "Anemia in Chronic Kidney Disease: The State of the Art"

Palavras-chave: Anemia/tratamento farmacológico; Doença Renal Crónica/complicações; Inibidores de Prolil-Hidrolase/uso terapêutico
Keywords: Anemia/drug therapy; Prolyl-Hydroxylase Inhibitors/therapeutic use; Renal Insufficiency, Chronic/complications

Na edição de abril de 2023 da Acta Médica Portuguesa, foi publicada uma Carta ao Editor intitulada "Anemia da Doença Renal Crónica: Que Terapêuticas Estão Disponíveis?"[1] na qual é referido que "o roxadustate está disponível em farmácias comunitárias para prescrição por qualquer médico". Esta situação não corresponde de todo à verdade. O roxadustate foi aprovado pela Agência Europeia do Medicamento e pelo Infarmed, está disponível para utilização em Portugal, mas com as seguintes condicionantes:

- Não está ainda definida a sua integração nos medicamentos a ceder aos doentes renais, de acordo com o estabelecido pela Portaria n.º 255/2018 publicada no Diário da República, 1.ª série, n.º 173, de 7 de setembro de 2018 (legislação em vigor) o que implica a sua não disponibilidade aos doentes renais crónicos (DRC) em geral, mas apenas para aquisição a título nominal, com custo suportado totalmente pelo doente ou por seguro/subsistema de saúde[2];
- O fármaco é de dispensa hospitalar exclusiva (hospitais públicos ou privados), não podendo ser adquirido por farmácias comunitárias;
- O fármaco está licenciado para o controlo da anemia na DRC e não está definido quem são os médicos que o podem ou não prescrever. Contudo, sendo a indicação em tudo semelhante à dos estimuladores da eritropoiese (eritropoietina recombinante), cuja legislação portuguesa regulamenta que apenas podem ser dispensados por nefrologistas, de acordo com o Despacho n.º 6370/2002, de 7 de março (Diário da República, 2.ª série, n.º 69, de 22 de Março de 2002), deduz-se que não possam ser prescritos por qualquer médico como afirmado.[3]

A necessidade de escrever um artigo em português[4] vocacionado para outras especialidades que não a nefrologia acerca da abordagem da anemia da doença renal crónica teve precisamente a ver, por um lado, com a importância de rever o tema para que não se façam usos abusivos de fármacos com riscos comprovados, como é o caso dos estimuladores da eritropoiese. Por outro lado, contribuiu também para alertar para o uso de fármacos inovadores, mas em que existe falta de dados de vida real dado o seu tempo limitado de utilização no mundo real. Neste cenário, não parece ser prudente sugerir sequer que poderá ser usado por qualquer médico, quando a própria *Food and Drug Administration* põe em causa a sua segurança.[5]

CONFLITOS DE INTERESSE

A autora declara não ter conflitos de interesse relacionados com o presente trabalho.

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