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In reply—Continued Caution Recommended in Use of Intravenous Iron Preparations

We thank Dr Cachat and colleagues for their interest in our article and for the

valuable information they are reporting. We tried to conduct an unbiased systematic review, but we are aware of the shortcomings of using published results of randomized, controlled trials (RCTs) to report severe adverse events: severe events are too rare to be captured by RCTs (this is why we included all trials on intravenous iron), recording of adverse events might be less rigorous and more biased than that of the primary outcome in such studies, the patients included in RCTs might not be representative of the patients given the drug in clinical practice, and for some medications, the time frame for identifying the adverse events might be the wrong one.

Postmarketing surveillance adds valuable information, but we should remember that it lacks comparison, and some of the patients given iron have severe underlying disorders. Further, the quality of the reported data might be problematic.

As clinicians, we need to weigh all available data when offering intravenous iron to our patients, and the postmarketing surveillance should be part of these data.

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Familial Transient Global Amnesia

To the Editor: We acclaim the excellent, comprehensive review of transient global amnesia (TGA) by Arena and Rabinstein¹ in the February 2015 issue of *Mayo Clinic Proceedings*. Considering the unknown pathophysiology of TGA, we note the authors make minimal mention of the possible contribution of genetics (on page 267). We request

that the authors comment further on this possibility.

We report herein our experience with 2 sisters who presented with classic episodes of TGA. The first sister was a 57-year-old woman who suddenly became amnesic after having intercourse with her husband. Her husband noticed that she could not remember their sexual act right after they finished, and she kept repeating the same questions several times over. Approximately 1 year later, her 71-year-old sister presented. That morning, she said she had a mild headache and was “not feeling well.” On the drive home from church, she kept asking the same questions repeatedly and could not recall having been at church just a few minutes before.

Neither sister had other neurologic or systemic symptoms. Their presentation examination results were normal except for poor short-term memory. Other than having impaired memory for the events associated with their presentations, they were back to normal the following day. The first sister had experienced a transient ischemic attack 7 years before. Neither had a history of stroke, head trauma, seizures, migraines, or episodes of memory loss.

The second sister's work-up included brain magnetic resonance imaging, which revealed an isolated punctate region of hyperintense signal on diffusion-weighted imaging in the left hippocampus but no signal changes on the T2-weighted or fluid-attenuated inversion recovery sequences. The magnetic resonance imaging study was not repeated.

We are not the only clinicians who have encountered familial cases of TGA. Among the most prominent published series is that of Corston and Godwin-Austen,² who described 4 brothers who each had had multiple attacks. Segers-van Rijn and de Bruijn³ described a family in which 4 of 8 siblings had TGA experiences, one of whom had 2 episodes. Dupuis et al⁴ described twin sisters who experienced multiple episodes of TGA associated