Response to letter to the editor Re: Case report CT of rhabdomyolysis as a sequela of drug abuse✩,✩✩

Thank you to Drs Finsterer and Mehri for their interest in our paper.

In recording a few disagreements with our work, however, the first couple of notes reveal misinterpretations of our statements. They said, “We disagree with the statement in the introduction that non-traumatic causes of rhabdomyolysis only [emphasis is ours] include alcohol abuse, illicit drugs, and pharmaceutical agents.” We did not say “only,” nor did we intentionally omit the broader spectrum of non-traumatic rhabdomyolysis etiology. We deemed it beyond the scope of this case report to include additional causes, which Drs Finsterer and Mehri ably cited in their letter. Furthermore, the CT reading of myositis includes muscle enlargement and decreased CT attenuation as was shown in this case.

We did not cite cocaine usage as a proximate or direct cause of the patient’s rhabdomyolysis, which followed usage of heroin the night before (and 3 months prior, after 14 years of abstinence from multiple drugs, including cocaine). So, counter to the claims of Drs Finsterer and Mehri in their title and conclusion, we were not blaming cocaine for the patient’s rhabdomyolysis. Further, we reported all available data. There were no seizures, self-reported fevers, or family history of primary muscle disease to note. Finally, we concluded with the cautionary observation that “imaging plays a secondary role and instead supports the diagnosis of rhabdomyolysis and rules out other pathologies that may present with similar clinical findings.” Nothing in this letter undermines this statement or the case report that we have presented.

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Received 4 November 2022
Accepted 11 November 2022

✩ Competing Interests: None.
✩✩ The authors contributed equally to the writing of this manuscript and have no conflicts of interest. There was no funding associated with this work.

https://doi.org/10.1016/j.radcr.2022.11.028
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