

pathologists may have difficulty distinguishing between ALD and SVAL on the basis of morphologic findings. A decedent's history of solvent vapor abuse can help in the diagnosis of SVAL. It is important that forensic pathologists be able to distinguish SVAL from ALD so that surviving family members are not burdened with the erroneous diagnosis of an inheritable disease.

#### References

1. Shields LBE, Corey Handy T, Parker JC, Burns C. Postmortem diagnosis of leukodystrophies. *J Forensic Sci* 1998;43:1068–1071.
2. Kornfeld M, Moser AB, Moser HW, Kleinschmidt-DeMasters B, Nolte KB, Phelps A. Solvent vapor abuse leukoencephalopathy. Comparison to adrenoleukodystrophy. *J Neuropathol Exp Neurol* 1994;53:389–398.

Kurt B. Nolte, M.D.  
Office of the Medical Investigator  
University of New Mexico School of Medicine  
Albuquerque, NM 87131-5091

Medical Examiner/Coroner Information Sharing Program  
National Center for Environmental Health  
Centers for Disease Control and Prevention  
Atlanta, GA 30341

#### Authors' Response

Re: Letter from Kurt E. Nolte, M.D.—commentary on “Post-mortem Diagnosis of Leukodystrophies”

Sir:

In reply, we thank Dr. Nolte for his reminder of the pathologic changes associated with Solvent Vapor Abuse Leukoencephalopathy (SVAL). In the cases presented in our case series, there was a well documented medical history of neurologic alterations since early childhood. The comparison of Adrenal Leukodystrophy to Solvent Vapor Abuse Leukoencephalopathy reminds us as Forensic Pathologists that the autopsy is not a “black box” exercise—history and scene circumstances are also important.

Tracey Corey Handy, M.D.  
Chief Medical Examiner  
Commonwealth of Kentucky  
810 Barret Avenue  
Louisville KY 40204-1702