


Large suprasellar craniopharyngioma surgery in adults through the trans-eyebrow supraorbital approach

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Received: 7 June 2017 / Accepted: 12 June 2017 / Published online: 24 June 2017
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To the Editor,

We really appreciate the comments on our paper made by Prieto et al. in their letter to the editor “Optic chiasm distortions in craniopharyngiomas: a sign of hypothalamic involvement”. After carefully reading the letter, we would like to clarify two essential points. One is that though we are aware of the importance of hypothalamic involvement in achieving a complete resection of suprasellar craniopharyngiomas, our paper focuses on a particular approach: the trans-eyebrow supraorbital approach and all conclusions should only be applied for this approach [1–4]. In our experience, when performing the resection of a large craniopharyngioma through this approach, dealing with a short optic nerve negatively affects the extent of resection as an independent variable. The second aspect to be taken into consideration is that our article tries to offer a quantitative tool in the form of a linear regression model to calculate the extent of resection. This model seems to predict resection of large craniopharyngiomas more accurately than the

optic chiasm location, which appears to be less precise in the normal optic chiasm location.

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