Comment on: The value of post-operative MR in tethered cord: a review of 140 cases by P. David Halevi, Suhas Udayakumaran, Liat Ben-Sira, Shlomi Constantini

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Retethering after surgery for occult spinal dysraphism represents a significant problem affecting long-term results particularly in lipomyeloschisis/lipomas. In the latter, diagnosis of retethering is currently usually based on clinical findings only, since experience has shown that neuroimaging does not add conclusive information, as it almost invariably shows a close contact of residual lipomatous tissue and neurulated cord to the dorsal wall of the dural sac. It is to be acknowledged that the authors of the present study have put these empirical data on a scientific basis. Hopefully their study aids to

abandon postoperative routine MR imaging in occult spinal dysraphism, at least in infancy when general anaesthesia is usually required for this investigation. As rightly stated by the authors, only in cases of verified dermoid or syrinx, the indication for reoperation may also be derived from routine neuroimaging. Certain scientific questions, e.g., whether or not the extent of lipoma resection and, hence, the creation of a capacious dural sac may improve long-term surgical results may well require MR imaging. But such issues are beyond the scope of this paper.

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