Reply to Dr. Ijichi's group

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Dear Editor,

We always appreciate the comment of Dr. Ijichi, Mrs. Ijichi, and the core members of the Japanese Society for Child and Adolescent Psychiatry.

However, this letter commented mainly our ways of research for the mild trigonocephaly; we already answered these questions and comments in the last reply [1]. We could not do complete control test to sick children from the perspective of the surgeon after seeing the abnormal morphological skull changes and high ICP in most of the patients. We hope that they can also provide their scientific data which can show the missing piece of our study especially the natural course of the patients with mild trigonocephaly, because what we “think” not “blindly believe” that the natural history of these metopic suture synostosis with clinical symptoms exist in their patients in a certain percentage.

We are afraid to say, however, this article is describing about metopic-sagittal synostosis which is a rare plurisutural craniosynostosis. The Oxford group has published similar cases [2]. It is almost a consensus that multisuture synostosis is associated with an increased incident of raised intracranial pressure and learning disabilities compared with single suture synostosis [3–5]. Also, if we go further, even in single suture synostosis, there are reports from one of the major craniofacial centers which conclude that “we can conclude that the indica-

tion to perform surgery in scaphocephaly is sometimes NOT only a cosmetic problem [6].

Please do understand that changing the abnormal morphological statuses of the skull and reducing the increased intracranial pressure are the main surgeons' works without question.

References

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