To The Editor

We read with interest the paper by Cai et al.^[1] These authors described two cases of persistent falcine sinus. We would like to add to the authors' discussion by mentioning a recent study of ours.^[2] We found that in 25 adult cadavers an extensive network of small tributaries within the falx cerebri could always be found, especially within its posterior one third (Fig.). In this posterior segment, these structures were usually more pronounced in the inferior two thirds. The portion of the falx cerebri not containing significant falcine venous sinus was termed a "safe area" for surgical consideration. These vascular channels ranged in size from 0.5 mm to 1.1 cm (mean 0.6 mm). 100% of these vessels communicated with the inferior sagittal sinus. Typing was performed based on communication of the falcine venous sinus with the superior sagittal sinus. Type I falcine sinuses had no communication with the superior sagittal sinus, Type II falcine sinuses had limited communication with the superior sagittal sinus, and Type III falcine sinuses had significant communication with the superior sagittal sinus. Seventeen of 27 (63%) specimens had communication with the superior sagittal sinus (Types II and III). Further subdivision revealed 10 Type I, 7 Type II, and 10 Type III falcine venous plexuses. As the majority of specimens in our study were found to have a plexiform venous morphology within the falx cerebri, we propose that these channels be referred to as the falcine venous plexus and not sinus.

Fig. Cadaveric specimen exhibiting a prominent falcine venous plexus following ink injection.

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References

- 1 Cai CQ, Zhang QJ, Yang WD, Wang CX, Shen CH. Neuroimages of persistent falcine sinus in children. *World J Pediatr* 2009;5:63-64.
- 2 Tubbs RS, Loukas M, Louis RG Jr, Shoja MM, Acakpo-Satchivi L, Blount JP, et al. Anatomy of the falcine venous plexus. *J Neurosurg* 2007;107:155-157.

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The Author Reply:

We would like to thank Prof. Tubbs et al from Pediatric Neurosurgery of Birmingham Children's Hospital for their interest in our paper of two cases on persistent falcine sinus in children and their comment. We regret that we missed their important paper and are grateful to them for bringing it to our attention. We reported two patients with persistent falcine sinus with an emphasis on the neuroimages.^[1] Tubbs et al^[2] identified the anatomical structure named falcine venous plexus in specimens, and made a detailed discussion on it. Their study on falcine venous plexus is necessary for the neurosurgeon who performs the operation involving this region.

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References

- 1 Cai CQ, Zhang QJ, Yang WD, Wang CX, Shen CH. Neuroimages of persistent falcine sinus in children. *World J Pediatr* 2009;5:63-64.
- 2 Tubbs RS, Loukas M, Louis RG Jr, Shoja MM, Acakpo-Satchivi L, Blount JP, et al. Anatomy of the falcine venous plexus. *J Neurosurg* 2007;107:155-157.

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