

Reply to the letter by Dr. Muzumdar on the article “Simple technique of head fixation for image-guided neurosurgery in infants”

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Dear Editor:

We thank Dr. Muzumdar for the interest shown in our technical note [1]. He has indicated that we should have cited his description of an alternative technique for the application of a stereotactic head frame, and it may have been appropriate for us to do so. However, having re-read in detail the article they mention [2], it is not clear how their technique, albeit interesting, can be used in the situations we have described. Their technique was developed to stabilize a stereotactic frame without the use of pins penetrating the scalp and was described specifically for frame-based stereotactic procedures, not for frameless procedures as we described. The youngest child was aged 4 years in their series, and as Dr. Muzumdar et al. state: (their) “procedure was technically simple but can be demanding sometimes in very young children owing to the initial apprehension, unpredictable behavioral and emotional patterns observed in these patients” [2]. Perhaps, the technique could be used in association with a Mayfield or other pin-based head clamp after the child is anesthetized,

but that application, which would add significant time to the operative procedure, was not described by the authors.

Our technique utilizes a simple, quick, and innovative use of the U-drape for image-guided surgery in ‘infants’ without the need for rigid head fixation of any kind. Despite the lack of rigid fixation, the fixation has been adequate to allow the use of frameless stereotaxy during complex intracranial cases, including hemispherotomies, in infants.

We again thank Dr. Muzumdar for his letter and trust that he now understands why his work was not cited.

References

1. Agrawal D, Steinbok P (2006) Simple technique of head fixation for image-guided neurosurgery in infants. Child’s Nerv Syst 22:1473–1474
2. Muzumdar DP, Bhatjiwale MG et al (2005) Plaster of Paris mould for stereotactic frame fixation. Pediatr Neurosurg 41(5):229–232

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