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LETTER TO THE EDITOR

Reply to Dr. Iwami's comments on the article "Desmoplastic infantile ganglioglioma"

Gianpiero Tamburrini

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Dear Editor:

The case reported in Dr. Iwami's Letter to the Editor corresponds to what has been previously published and reviewed in our paper [1]. It confirms that the evidence of enhancement at the surgical margin, after an operation for a desmoplastic infantile ganglioglioma (DIG), especially if documented at early postoperative magnetic resonance (MR), does not demonstrate the presence of a tumor residual. Indeed, the histological diagnosis in the author's case at second surgery (2 weeks after the first operation) consisted only of inflammatory granulation and necrosis. In our second case, the evidence of a tumor residual was documented 3 months after surgery (a relatively sufficient time elapse to exclude inflammatory reactions); the subsequent disappearance of this image 9 months after surgery should therefore be most likely considered as a real tumor regression. A similar consideration can be applied to the two cases by Takashima et al. to whom the author refers. Indeed, in both cases, tumor residual was known at surgery; in the first case, it partially regressed through years, while in the second patient, a similar partial regression was noted comparing 4 and 7 months post-operative MR scans. Once these differences with the authors' case are pointed out, we agree that closed follow-up is the best way to follow children operated on for a DIG soon after surgery to avoid misdiagnosis and unnecessary re-explorations.

Reference

1. Tamburrini G, Colosimo C Jr, Giangaspero F, Riccardi R, Di Rocco C (2003) Desmoplastic infantile ganglioglioma. Childs Nerv Syst 19:292–297

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