Letter to “Diffuse leptomeningeal glioneuronal tumour (DLGNT) with hydrocephalus as an initial symptom: a case-based update”

Jaskaran Singh Gosal¹ · Sarbesh Tiwari² · Mayank Garg¹ · Suryanarayanan Bhaskar¹ · Deepak Kumar Jha¹

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Dear Editor:

We read with great interest the article “Diffuse leptomeningeal glioneuronal tumour (DLGNT) with hydrocephalus as an initial symptom: a case-based update” by Chen et al. [1] published recently in *Child's Nervous System*. The authors have described a case report and systematic review of the relatively newly described rare entity—diffuse leptomeningeal glioneuronal tumor (DLGNT). The authors need to be commended on detailing the updated analysis of all the cases of this newly described disease in the literature. We managed a child with the same disease, and radiology colleagues at our institute published it last year [3]. However, there are some points in the authors' report which need further clarification in terms of management of the case.

The authors have reported that the child presented with hydrocephalus for which they placed both Ommaya reservoir and ventriculoperitoneal shunt at the same time. It is difficult to comprehend why the authors managed the patient by placing both the ventriculoperitoneal shunt and the Ommaya reservoir at the same time for hydrocephalus. When ventriculoperitoneal shunt is already being placed to manage the hydrocephalus, the role of Ommaya reservoir is unclear to us in this setting. The role of Ommaya reservoir for giving intrathecal chemotherapy in some brain tumors is well established [2], but the authors of this report have not mentioned anywhere whether the child was given any intrathecal chemotherapy. Secondly, the authors investigated for the CEA and AFP levels in the CSF. Is there any correlation between the levels of these CSF markers and the DLGNT? Thirdly,

biopsy of the dura and the underlying brain was done both in the authors' and in our case, but as our knowledge of this disease improves, we now strongly feel that biopsy should not be mandatory in these patients in whom clear cut diagnosis could have been made by characteristic radiological images. Biopsy should be reserved for only equivocal cases since an invasive procedure like a biopsy in a typical clinical scenario of a child with classic radiological features seldom helps therapeutically.

To conclude, DLGNT is a rare, diffuse disease process involving the central nervous system, especially the children with no definitive treatment as of now. Diagnostic criteria incorporating demographic and characteristic radiological features, and biopsy only in equivocal cases are required to be made.

Compliance with ethical standards

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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✉ Jaskaran Singh Gosal
jhsgosal_87@hotmail.com; gosalsj@aaimsjodhpur.edu.in

¹ Department of Neurosurgery, All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan 342005, India

² Department of Radiodiagnosis/Interventional Radiology, All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan 342005, India