## LETTER TO THE EDITOR



## Reply to letter to the editor "The role of fine-needle aspiration biopsy (FNAB) in the diagnostic management of parotid gland masses with emphasis on potential pitfalls"

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Dear Editor.

We thank Tretiakow et al. for their interest in our article [1, 2]. In our commentary below, we shall try to clarify our point of view with regard to the remarks that have been made [2]. We agree with the authors of the letter to the editor, that dynamic and diffusion-weighted MRI can increase the precision diagnostic of the parotid gland tumour and the quality of treatment [2]. We agree that MRI can help in the verification of preoperative diagnoses in patients whose fineneedle aspiration biopsy turned out to be non-diagnostic or diagnose pleomorphic adenoma. Mainly, we recommend performing MRI in patients with results of FNAB with suspicion for malignity. On another hand, we confirmed in our previous study that, carried out separately, ultrasoundguided FNAB can be a safe, and accurate method in the diagnosis of Whartin tumour [3]. In our opinion, the results of FNAB depend on the experience of the sonographist and (cyto)pathologist. In the diagnostic algorithm is their close

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cooperation is essential. In our opinion, it always is necessary to correlate the FNAB result with the clinical finding, sonographic finding, and possibly with the results of other performed imaging examinations (for example with MRI). This procedure is a prerequisite for a correct diagnosis and adequate therapy of parotid gland tumours.

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## Compliance with ethical standards

**Conflict of interest** All the authors declare that they have no conflict of interest.

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