

Response to letter: Objective assessment of intraoperative ultrasound in neurosurgery

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Dear Editor,

We thank Dr Moiyadi for his insightful comments in this area of neurosurgical imaging in which he obviously possesses great experience. We are pleased that he agrees with our conclusions that intraoperative ultrasound (IOUS) is a relatively inexpensive, real-time and easily available adjunct to the neurosurgical armamentarium and that it helps in the localisation of intracranial lesions. Dr Moiyadi et al. indeed provide an interesting argument for the utility of IOUS in tumour surgery in terms of its efficacy in the surgical approach, the assessment of tumour resection and the protection of surrounding structures. We have taken a different approach in using IOUS for a variety of lesions, not just neoplastic, and attempted to create a user-friendly, surgeon-centric tool that can be utilised pre-operatively. Our goal was for the surgeon to identify pre-operatively whether IOUS would likely be efficacious intra-operatively for the specific lesion identified.

As pointed out by Dr Moiyadi, and discussed by us in the article, we would have liked to extend this study to include more patients with a wider variety of cranial pathologies but felt that with a sample of 105 contiguous patients this was an appropriate point to publish. We agree that increased exposure to this valuable technique whilst training will not only improve its utility amongst the forthcoming neurosurgical generation but also it will likely increase its usage too. Hopefully these studies will all help to raise the profile of this valuable and under-rated surgical adjunct.

We appreciate and acknowledge the input of other teams in promoting IOUS as a reliable and inexpensive adjunct to the neurosurgeon. We are confident that our article adds new information to this argument and thus furthers our overarching aim of encouraging clinicians to utilise IOUS, to use it with confidence and more generally.

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