

Are your MRI contrast agents cost-effective?
Learn more about generic Gadolinium-Based Contrast Agents.



AJNR

Transovale Cisternal Puncture Technique

Ronald I. Apfelbaum

AJNR Am J Neuroradiol 1985, 6 (5) 842
<http://www.ajnr.org/content/6/5/842.1.citation>

This information is current as
of April 23, 2024.

Correspondence

Transovale Cisternal Puncture Technique

The article by Gomori and Rappaport [1] in the January/February 1985 issue of *AJNR* was called to my attention. The modified fluoroscopically guided technique that the authors describe is not a new technique, but one that has been published previously on at least two separate occasions.

I wrote an article detailing the same procedure in 1978 [2]. Although my colleagues and I evolved the technique independently, we cannot take credit for its origination; the first published report, apparently, is that of Whisler and Hill in 1972 [3].

Ronald I. Apfelbaum
Montefiore Medical Center
Albert Einstein College of Medicine
Bronx, NY 10467

REFERENCES

1. Gomori JM, Rappaport ZH. Transovale trigeminal cistern puncture: modified fluoroscopically guided technique. *AJNR* **1985**; 6:93-94
2. Apfelbaum RI. Technical considerations for facilitation of selective percutaneous radiofrequency neurolysis of the trigeminal nerve. *Neurosurgery* **1978**;3:396-399
3. Whisler WW, Hill BJ. A simplified technique for injection of the gasserian ganglion, using the fluoroscope for localization. *Neurochirurgia* (Stuttg) **1972**;15:167-172

Reply

Our sincere apologies to Dr. Apfelbaum. We evolved the technique without knowledge of his report. Unfortunately, our literature search failed to reveal either his paper or that of Drs. Whisler and Hill.

John M. Gomori
Hospital of the University of Pennsylvania
Philadelphia, PA 19104

CT after Transsphenoidal Hypophysectomy

The report of contrast enhancement in the article by Dolinskas and Simeone [1] in the January/February 1985 issue of *AJNR* is not clear. The authors indicated that they noted postoperative sellar and suprasellar computed tomographic (CT) enhancement in 23 of 50 patients. In apparent contradiction, they also stated that in 30 cases, contrast material was not used.

In their figure 2, the authors noted persistence of a large lesion on an enhanced postoperative CT scan, believed to represent residual

tumor. We reported similar postoperative CT changes after transsphenoidal hypophysectomy [2]. In our series the postoperative CT scanning was done with contrast enhancement in all cases. A large percentage of our cases showed sellar and suprasellar enhancement in the immediate postoperative period. In some of these cases, delayed (2- to 3-month) follow-up enhanced CT scans documented the disappearance of the sellar enhancement seen on the earlier postoperative scans.

I do not believe the diagnosis of CT enhancement of persistent and/or recurrent pituitary tumors should be considered before 2-3 months after transsphenoidal surgery.

Taher El Gammal
Medical College of Georgia
Augusta, GA 30912

REFERENCES

1. Dolinskas CA, Simeone FA. Transsphenoidal hypophysectomy: postsurgical CT findings. *AJNR* **1985**;6:45-50
2. Allen MB Jr, El Gammal T, Nathan MD. Transsphenoidal surgery on the pituitary. *Am Surg* **1981**;47:291-306

Reply

With regard to the number of patients with residual enhancing lesions after transsphenoidal hypophysectomy, 23 of the total sample of 50 patients had this finding on one or more CT examinations. The abnormality was identified by review of the 94 postoperative studies performed on these 50 patients. Of the 94 scans, 30 were obtained without contrast enhancement whereas the remaining 64 were obtained with enhancement, as stated in the Materials and Methods section of our article.

In reply to Dr. El Gammal's second statement, concerning the disappearance of sellar enhancement on studies obtained 2-3 months after surgery, we did not encounter that phenomenon in our series, despite the fact that 13 of the 23 patients with residual contrast-enhancing lesions had studies at intervals of more than 90 days postoperatively. In addition, five of the 13 patients had initial studies within 1 week after surgery and also were examined after a delay of more than 3 months. In these cases, no change in the appearance of the contrast-enhancing lesion was noted. I cannot provide a satisfactory explanation for the difference between our observations, but offer as speculation the possibility that the initial lesion identified on the studies in Dr. El Gammal's series was actually a small hemorrhage, which might have been mistaken for a focus of