

Authors' reply

Sir,


Thank you for the opportunity to respond to reflections of Udayakumaran^[1] and colleagues. We agree that the cases reported by them^[2,3] are very similar to ours. The authors eloquently postulated that the chronic transtentorial herniation was a sequel of overdrainage in the first patient^[2] and developmental in the second one.^[3] We totally agree with the contents of the letter. Our child underwent numerous shunt-related operations. He had only shunt obstructions, and in each period of malfunction several interventions have been implemented to restore the cerebrospinal fluid (CSF) circulation. Whenever the posterior fossa shunt was revised, the supratentorial was also revised within 1 or 2 days and similarly the revisions in the reverse order. We ruled out CSF overdrainage when the child was asymptomatic. We feel that our patients might have developed pressure gradient during one of the episodes of supratentorial obstruction, which was responsible for herniation. It is quite possible that during our search of the literature we had missed to hit the articles by Udayakumaran and colleagues. There is no dispute that the overdrainage theory can explain the phenomena of chronic uncal herniation. The proposed treatment algorithm thus implicates the possible obviation of posterior fossa shunts in premature babies.^[4]

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Tc-99m ethylcysteinate dimer SPECT in the differential diagnosis of dementias


Sir,

I read with interest the article by Tripathi *et al*^[1] on Tc-99m ethylcysteinate dimer SPECT in the differential diagnosis of dementias with great interest. The authors concluded that Tc-99m ethylcysteinate dimer brain perfusion SPECT is useful in the differential diagnosis of dementia with particular reference to Alzheimer's disease (AD) as well as frontotemporal dementia (FTD). I would like to share some of my views on this topic. First, although the diagnostic criterion for various diseases is appropriate, I have an important concern for the small number of subjects in each group. Indeed, in case with enlarged ventricle, the false positive can be expected.^[2] Second, the cost-effectiveness of this new approach is interesting. If possible, data on this aspect may be given.

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