Tonsil cauter y in children with Chiari Type I malformation

TO THE EDITOR: I read with interest the recent paper by Dr. Stanko and his colleagues1 on the differences in the incidence and rate of improvement after tonsillar cauter y in children with Chiari I malformation and syringomyelia (Stanko KM, Lee YM, Rios J, et al: Improvement of syrinx resolution after tonsillar cauter y in pediatric patients with Chiari Type I malformation. J Neurosurg Pediatr 17:174–181, February 2016). It seems likely that it will be an influential report.

The patients had three different surgical procedures: bone decompression only, dural patch grafting without tonsil cauter y, and tonsil cauter y after opening of the dura. The emphasis in the analysis and discussion is on the comparison of patients with cauter y versus without cauter y and patients with cauter y versus those with bone decompression only. My reading of their report indicates that 93 patients received dural opening and a patch without cauter y, 43 had a dural opening with tonsil cauter y, and 36 had bone decompression only. The procedure favored by many neurosurgeons, probably most, is bone decompression and dural opening with or without grafting, without cauter y, which seems to be successful in almost all patients. Yet there is no analysis or discussion of the outcome of the patients who received that procedure in the report. Can the authors please provide an analysis of that patient group compared to those treated with bone decompression only and compared to patients with tonsil cauter y?

Also, their results after only bone decompression seem very poor compared to the results in several reports on pediatric patients by others. I also hope the authors will be willing to discuss that in greater detail.

I thank them for the extra effort that the response to this letter will require.

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References

Disclosures
The author reports no conflict of interest.

Response
No response was received from the authors of the original article.

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Published online April 22, 2016; DOI: 10.3171/2016.1.PEDS15721.
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