Intervertebral Discolysis with Collagenase: Erratum

To THE EDITOR: There is a cardinal error in our paper that was published in the April issue of the Journal (Fisher RG, Bromley JW, Becker GL, et al: Surgical experience following intervertebral discolysis with collagenase. J Neurosurg 64:613-616, April, 1986). The last sentence on page 616, which unfortunately is the whole thrust of the paper, should have read: “Previous observations of 'aggressive' enzyme activity in eight patients have not been corroborated by this study.”

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Pneumocephalus in Patients with CSF Shunts

To THE EDITOR: We have read with great interest the article by Ruge, et al., concerning 11 cases of pneumocephalus occurring in patients with permanent cerebrospinal fluid (CSF) shunts (Ruge J, Cerullo LJ, McLone DG: Pneumocephalus in patients with CSF shunts. J Neurosurg 63:532-536, October 1985). We wish to add another case, which we had the opportunity to observe and treat for some years, and which we recently reported.2 The cause of the hydrocephalus in our case was a pineal tumor. The patient was initially treated by a ventriculoperitoneal shunt and by radiotherapy. In the unique form of tension pneumocephalus in this case, air from the middle ear penetrated into the brain parenchyma and ventricular system through preexisting congenital defects in the bony tegmen tympani and the overlying dura mater. (As stated in an anatomical study of Ahrén and Thulin1 of 94 petrous bones selected at random, such defects in the bony tegmen tympani are encountered quite often.) The communication between the middle ear and intracranial space through the tegmen tympani and the coexisting 3-mm split in the dura were closed with a fasciaplasty, using tissue prepared from the outer side of the temporalis muscle and fixed intradurally to the middle skull base with human fibrinogen adhesive tissue.

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References