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the central nervous system. However, to describe the anatomical location accurately and to include it into a grading system is awkward and too complicated. In addition to the locations mentioned by Malik, et al., what about the corpus callosum, the brain stem, the optic chiasm, and others? Is not the dominant posterior temporal lobe quite different from the nondominant temporal tip? And what about AVM's that cover multiple regions?

Indeed, we believe that a small AVM in the thalamus, if considered operable, is easier and safer to remove than a Grade V frontal AVM that is greater than 6 cm, with deep venous drainage in or adjacent to eloquent brain. Undoubtedly, there will be the exception to the rule, but we have been very favorably impressed with the ability of the grading system to predict the technical difficulty encountered during surgery and the associated morbidity in our prospective series. It is a dialogue of this nature that addresses the problem of AVM grading, and we look forward to improvements in the evolution of grading AVM's. Certainly, we all agree on the need for such a classification: discussion such as this can only aid the process.

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Reference


"Serpentine" Vessel, not "Serpiginous"

To THE EDITOR: In the first paragraph of a recent paper (Cahan LD, Higashida RT, Halbach VV, et al: Variants of radiculomeningeal vascular malformations of the spine. J Neurosurg 66:333-337, March, 1987), the authors perpetuate the mistake of using "serpiginous" to indicate the coiled, meandering appearance of the vessel(s) on the surface of the cord in spinal arteriovenous malformations. The correct word is "serpentine" (from serpent = snake). Serpiginous (from serpere = to crawl) should be reserved in medicine for the description of various creeping skin diseases, such as ringworm.

This rectification, which may seem a bit pedantic, has been spurred by two motives. First, a feeling of some responsibility for this improper nomenclature, because I used "serpiginous" in the first paragraph of an early paper on selective arteriography of the spinal cord.1 Second, and more importantly, I am convinced that respect of semantics is indispensable in scientific writing, as in any other writing.

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Hemodynamic and Metabolic Effects of Cerebral Revascularization: Correction

To THE EDITOR: I am sorry to have to report an error in the last six lines of the abstract of our recent paper (Leblanc R, Tyler JL, Mohr G, et al: Hemodynamic and metabolic effects of cerebral revascularization. J Neurosurg 66:529-535, April, 1987). On the galley proof we incorrectly inserted the words "and oxygen hypometabolism" into the sentence preceding the sentence in which they should rightly occur. Furthermore, the abbreviation "CBV" occurring in the first of these two sentences between CBF and CMRO2 should have been deleted from the proofs.

The last part of the abstract therefore should properly read as follows: "One patient with preoperative progressive mental deterioration, documented by serial neuropsychological testing and decreasing CBF and CMRO2, had improved postoperative CBF and CMRO2 concomitant with improved neuropsychological functioning. It is concluded that symptomatic carotid occlusion is associated with altered hemodynamic function and oxygen hypometabolism."

The remainder of the abstract is accurate as published.

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Retrospective Cooperative Study of Intracranial Saccular Aneurysms

To THE EDITOR: For decades now, neurosurgeons have been deeply interested in the problem of surgical treatment of intracranial saccular aneurysms. Enormous progress has been made in recent years, so much so that today mortality and morbidity after surgical intervention do not exceed 1% when the patient is operated on in good condition. We could be satisfied with this, but in reality, despite all our efforts, we are still able to help no more than 30% of patients with subarachnoid hemorrhage (SAH) due to aneurysm rupture: the remaining 70% eventually die, or the disturbances from which they suffer are extremely invaliding. Furthermore, recent studies have shown that even pa-