Introduction

Incidentally discovered lesions

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The decision to treat a lesion of the CNS that has been discovered on imaging can have potentially serious consequences for our patients. When we are confronted with an imaging abnormality, we need to know what to do. Furthermore, it is imperative that we provide justification for these vital decisions. Ongoing advances in medical imaging, coupled with greater accessibility of these technologies, have increased the likelihood of unexpected discoveries of brain and spine lesions. Once a lesion is found, patient anxiety and a referral to a specialist for treatment often follow. This phenomenon, referred to as the cascade effect in the clinical care of patients, can be mitigated by either more selective use of diagnostic imaging or better information on the correct management of these incidental findings.1,2 Because referral to a specialist is usually made after the lesion has been discovered, the role of the specialist in the cascade effect is usually limited to proper interpretation of the imaging findings and management recommendations. Unfortunately, we are often not prepared to make treatment decisions given the relative paucity of information that is available on these lesions. Important questions that must be answered include the prevalence, natural history, and treatment risk for each of these findings.

The purpose of this Neurosurgical Focus issue is to attempt to fill some of these gaps in our knowledge. The importance of this topic cuts across traditional lines of specialization. In this issue, Lanzino et al. have provided new data on the management of small intracranial aneurysms, an area of ongoing controversy. The proper management of other types of incidental lesions such as cysts, benign tumors, Tarlov cysts, os odontoideum, and syringomyelia is also examined in this issue.

As editors, we are deeply indebted to all of the outstanding groups from around the world that have shared their expertise on these lesions. We hope that these articles will stimulate further study of this important topic. (DOI: 10.3171/2011.10.FOCUS11269)

Disclosure

The authors report no conflict of interest.

References