AJNR

Reply:

G.-F. Yang, L.-J. Zhang, G.-M. Lu, S.-Y. Wu, W. Tian and K. Shah

AJNR Am J Neuroradiol 2009, 30 (8) E118
doi: https://doi.org/10.3174/ajnr.A1710
http://www.ajnr.org/content/30/8/E118

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We would like to thank Drs Aralasmak and Karaali for their interest in our report of extraventricular neurocytomas (EVNs) published in the March 2009 issue of the *American Journal of Neuroradiology*[1] and their excellent comments. We also read with interest their article,[2] in which they present a case of EVN, which showed nonenhancing and hypovascular features, which are uncommon imaging findings and much different from ours and other authors' cases.[1,3,4] Their presentation of CT perfusion data is unique in the literature.

In our article, we did mention that EVN should be considered in the differential diagnosis when a large cerebral parenchymal mass with cystic necrosis, calcification and/or hemorrhagic foci, and extensive enhancement is encountered in younger patients, on the basis of our cases and other reports. We described EVNs as variably enhancing masses[1] at the time of the submission of our article, before the case presented by Aralasmak et al[2] had been published on-line. The conclusion can now be drawn that marked enhancement is not always necessary for EVNs.[2] We appreciate Aralasmak et al for broadening our knowledge in the diagnosis of EVNs.

After reviewing seriously the case of Aralasmak et al,[2] we agree that dysembryoplastic neuroepithelial tumor should also be in the differential diagnosis of some EVNs due to the unique imaging features and histologic similarity. However, we regard the imaging findings that Aralasmak et al described as uncommon ones in EVN. Most EVNs appear as a large parenchymal mass with cystic necrosis, calcification, and/or hemorrhagic foci and extensive enhancement, whereas few EVNs are hypovascular with no or mild enhancement. We believe a future investigation with a larger series is required to evaluate the usefulness of CT and/or MR perfusion data in the differential diagnosis of suspected EVNs.

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G.-F. Yang
Department of Nuclear Medicine
L.-J. Zhang
G.-M. Lu
Department of Medical Imaging
Jinling Hospital
Clinical School of Medical College
Nanjing University
Nanjing, China
S.-Y. Wu
Medical Imaging Institute of Tianjin
Tianjin, China
W. Tian
Center of Medical Imaging
First Affiliated Hospital of Kunming Medical College
Kunming, China
K. Shah
Department of Diagnostic Radiology
University of Texas
MD Anderson Cancer Center
Houston, Tex

DOI 10.3174/ajnr.A1710