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Reply:

T.T. Winton-Brown, A. Ting, R. Mocellin, D. Velakoulis
and F. Gaillard

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REPLY:

We read with great interest the letter by Drs Clifford, Purcell, and Killeen concerning our article “Distinguishing Neuroimaging Features in Patients Presenting with Visual Hallucinations,”¹ and we are very grateful for their interest in our work.

The authors make an important point about the difficulty of making the diagnosis of dementia with Lewy bodies (DLB) and other neurodegenerative conditions solely on the basis of anatomic imaging, and they stress the importance of molecular imaging. Much of diagnostic imaging, and perhaps particularly the assessment of neurodegenerative conditions, will be greatly enhanced by these advanced imaging techniques. This advantage may be similar, in some respects, to how greatly imaging benefits from gene testing and histology in other settings.

Unfortunately molecular imaging is still not widely available, and when it is available, it is an additional procedure, usually performed after more conventional anatomic MR imaging. Thus, an understanding of the clinical and MR imaging features of neurodegenerative conditions, even if imaging findings are largely negative, is helpful in guiding the next investigative step because many molecular techniques are far more targeted to 1 clinical question, and thus the correct next test must be chosen.

<http://dx.doi.org/10.3174/ajnr.A4940>

In summary, although we certainly agree with, and are grateful for, the authors’ insights into the benefits of molecular imaging, we believe that a neuroradiologist armed with a good knowledge of the anatomic imaging features of neurodegenerative diseases has a great deal to offer.

REFERENCE

1. Winton-Brown TT, Ting A, Mocellin R, et al. **Distinguishing neuroimaging features in patients presenting with visual hallucinations.** *AJNR Am J Neuroradiol* 2016;37:774–81 [CrossRef Medline](#)

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