



“DTI-Based Neuronavigation Guided Eloquent Area Glioma Resection with Awake Craniotomy: Supra-Functional Resection of Eloquent Area Gliomas” by Akay A et al.

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To the Editor;

Neuronavigation is a useful tool in functional neurosurgery and more so in the management of pathologies of the eloquent cortex. I read the aforementioned study which evaluated changes in the neurological status of patients with gliomas in the eloquent cortex using the DTI-based neuronavigation method, in addition to performing cortical-subcortical stimulation with awake craniotomy (1). The authors present that DTI-based neuronavigation preserves the functional areas during eloquent area glioma resection. Moreover, the use of neuronavigation in combination with intraoperative magnetic resonance imaging (ioMRI) was found to be superior in terms of gross total resection, extent of resection, and prognosis in patients with tumors in the eloquent or near eloquent areas; however, the feasibility of ioMRI is limited to high income centers (2).

I agree with the authors that multimodal neuro imaging techniques are required for eloquent cortex glioma surgery in

the setting of awake craniotomy. The intention of this study is valid; however, I consider that the sample size evaluated is very small and conclusions should not be drawn based on these results. I recommend continuing to recruit participants for this study or to carry it out in collaboration with another center.

■ REFERENCES

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