Prospective, population based studies of cavernous malformations are needed

Citation for published version:

Link: Link to publication record in Edinburgh Research Explorer

Document Version: Publisher's PDF, also known as Version of record

Published In: Journal of Neurology, Neurosurgery & Psychiatry

Publisher Rights Statement: available via europepmc open access link

General rights
Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
Prospective, population based studies of cavernous malformations are needed

In their welcome systematic review of supratentorial cavernous malformations and epilepsy, Moran et al illustrate the pitfalls of regarding the prognosis of a disease in selected case series as representative of its natural history. Studies of cavernous malformation prognosis have usually lacked clear inclusion criteria, and some patients or for each lesion.

mortality unaccounted for, the prognosis predominated. Conversely, by leaving com-

munity mortality unaccounted for, the prognosis is overdue.

Conservative treatment for cavernous malfor-
mations is overdue.

Referral filter bias has so far restricted ascertainment by tertiary referral centres, and further selection bias has made the prognosis seem worse than it really is, as demonstrated by the authors' own series of 33 patients in which temporal lobe lesion location and intractable seizures predominated. Conversely, by leaving com-
munity mortality unaccounted for, the prognosis can seem better than it actually is. Completeness of follow up has been variable and not always prospective. Furthermore, authors have varied in their choice of outcome, in particular their definition of haemorrhage (clinical or radiological), choice of period at risk (from birth, time of diagnos-

tic, or start of observation) and calculation of outcomes for each patient or for each lesion. Any analyses of such heterogeneous case series are rashly systematic, but even so it is necessary to be wary about draw-

ing firm conclusions from them.

The only existing population based study of cavernous malformations,1 albeit with a denominator of merely 50,000, was retrospective. The study spanned fundamental developments in the non-invasive diagnosis of cavernous malformations during the 1980s with magnetic resonance imaging,2 which led to increasing detection rates with time.

There is, therefore, clearly a need for a large, population based, prospective, contem-

porary epidemiological survey of cavernous malformations to establish their frequency and prognosis. With a broad collaborative network, including the three other neuro-

science centres in Scotland, the Scottish Intracranial Vascular Malformation Study (SIVMS) has been set up (www.dcn.d.ed.ac.uk/ivm/) to do just this for all types of intracranial vascular malformation (IVM). Using multiple, overlapping sources of case ascertainment we are building an incidence cohort of all incident cases of any type of IVM diagnosed after 1 January 1999 in the population of Scotland (5.1 million).

With prolonged follow up of this cohort we hope to settle some of the uncertainties high-

lighted by Moran et al.2 Moreover we agree that, with such poor data available, a randomised controlled trial of surgical versus conservative management of cavernous malformations is overdue.

RUSTAM AL-SHAHI CHARLES P WARLOW

Department of Clinical Neurosciences, Western General Hospital, Crewe Road, Edinburgh EH3 2XU, UK

Correspondence to: Dr Rustam Al-Shahi, MRC Clinical Research Fellow, Department of Clinical Neurosciences, Brunswlll Building, Western General Hospital, Crewe Road, Edinburgh EH3 2XU email ras@sshll.d.ed.ac.uk


4 Brown RD Jr, Wilt TJ, Totten TC, Turner JC, et al. Incidence and prevalence of intracranial vascular malformations in Olmsted County, Minne-


Neurological stamp: Adam Politzer (1835–1920)

Recents, I found an interesting manuscript in your journal about Adam Politzer under the section on neurological stamps. I was mildly disappointed by the presence of some inaccuracies concerning the biography of Adam Politzer, and write to you to correct these imprecisions.

Adam Politzer published in 1878 the first volume of his textbook of otorhinology under the original German title Lehrbuch der Ohren-

heilkunde für praktische Ärzte und Studierende. The second edition was published in 1882 to complete his work. Since the second edition, this textbook of otorhinology was printed in one volume.

The finding that ossicles vibrate to sound stimuli was not made by Politzer but by Her-
mann von Helmholtz with his resonance theory published in 1863 completed by the mechanism of ossicles and tympanic mem-

brane in 1868.3 Politzer was one of his students in 1861 in Heidelberg.

Adam Politzer invented, notably, a revolu-
tionary method to make the eustachian tube permeable in 1863,4 a method which made him famous and carries his name. He also developed an acometer in 18775 to measure hearing, replacing the watch, which was used until this date.

In 1864 Politzer founded with Anton von Tröltsch and Hermann Schwartz the first German and international journal of otorhinology under the original title Archiv für Ohrenheilkunde.1 In 1879 The American Jour-

nal of Otolaryngology was founded and edited by Clarence J Blake and was printed for only 4 years at this time.

In addition to more than 100 publications in medical journals, and besides his textbook of otorhinology, Politzer published three other books, all translated into English. As well as one book about anatomical and histo-

dissection of the human ear and one about the history of otorhinology,4 Politzer pub-

lished an atlas of the tympanic membrane in 1865,5 completed and reprinted in 1896.6 Politzer was certainly the greatest otologist of the 19th century and probably one of the greatest of all time. His influence during 50 years of otology has never been equaled.

ALBERT MUDRY

ENT Department, University Hospital, Ac. de la Gare 6, CH-1003 Lausanne, Switzerland email: amudry@coridor.ch

1 Politzer A. Lehrbuch der Ohrenheilkunde für praktische Ärzte und Studierende. Stuttgart: Enke, 1878 Band I, 1882 Band II.

2 von Helmholtz H. Mechanik der Ge-


The authors say that they wrote this book from a fresh point of view, having researched and presented it to neurology units to solve a single clinical problem.

The introductory chapters contain some clinical advice on a general approach to patients with mononeuropathy. Then each nerve is dealt with in turn up to the following sources to solve a single clinical problem.

The text is interspersed with illustrative cases which appear in boxes. I thought it worked well, although it was surprising not to find eight doctors (including a Professor of Neurology with a partial muscularocutaneous nerve lesion, and a Dean of the Faculty of Medicine with neuritic amyotrophy), among the 40 or so cases.

While for mononeuropathies the book manages to act as a single point of reference it does not do this for some similar clinical problems whose presentations may be simi-

lar. It only briefly touches on radiculopathies as they appear in the differential diagnosis of mononeuropathies and skirts round some contentious issues such as the thoracic outlet syndrome. The anatomy of the brachial plexus (something I always have to look up) is not reproduced.

Overall I think the authors have succeeded in their objectives and there is indeed justified justification for this book. The book is moderately priced at less than half the price of the com-

bined costs two of the books they aim to replace.

I would suggest that most neurology units should get a copy. I would urge you to persuade your orthopaedic colleagues to get one too.

GN FULLER

Mononeuropathies: Examination, Diagnosis and Treatment by A STAAL, J VAN GEN, and P SPAANS (pp 243, £35.00). Published by W B Saunders, London, 1999.