

Letter to the Editor

Isolated intramedullary Rosai–Dorfman disease

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Sir,

We read with great interest the case report by Jesús Rocha-Maguey *et al.* entitled “A new case of cervical intramedullary sinus histiocytosis causing paraplegia and review of the literature.”^[5] In their article, the authors revealed that their patient was the 6th case that presented with an isolated intramedullary mass without any systemic manifestation. They listed information regarding all 6 reported cases. However, we found some mistakes that existed in this article or some doubts that need to be explained.

First, the authors have cited an article reported by Sandoval *et al.*,^[6] and they searched the English literature using PubMed and SCOPUS from the period 1970 to July 2013 in their article. They found 2 cases (Osenbach/1996^[4] and El Molla/2014^[2]) that presented as an isolated intramedullary Rosai–Dorfman disease (RDD). These two cases were also listed in Jesús Rocha-Maguey's article. Even though the case reported in Sandoval's article was not an isolated intramedullary RDD, it was included in Jesús Rocha-Maguey's cases. In fact, the patient had lesions in the left cavernous sinus and right prepontine cistern with mass effect over the pons and pontomedullary junction.^[6]

Second, Jo-Ann W. Andriko *et al.*^[1] pointed out that the case reported by Jones *et al.*^[3] (the second case listed in Table 1 by Jesús Rocha-Maguey *et al.*) was the same as Osenbach *et al.*,^[4] Jo-Ann W. Andriko, Jones and Osenbach were all from the same institute namely Walter Reed Army Medical Center, Washington, DC.

Therefore, the patient in the article by Jesús Rocha-Maguey's *et al.*^[5] should be the 4th case that presented as isolated intramedullary RDD.

Isolated intramedullary RDD is a rare clinical entity, and during reporting of such rare cases, attention should be given to correct and accurate reporting of data with complete information. Such debatable reporting of rare cases makes the credibility of a reputed journal like this esteemed journal to be questioned. Furthermore, we think it is imperative to keep the data correct and authoritative and maintain the credibility of such esteemed journal like Surg Neurol Int.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Andriko JA, Morrison A, Colegial CH, Davis BJ, Jones RV. Rosai-Dorfman disease isolated to the central nervous system: A report of 11 cases. *Mod Pathol* 2001;14:172-8.

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<http://surgicalneurologyint.com/Isolated-intramedullary-Rosai-Dorfman-disease/>

2. El Molla M, Mahasneh T, Holmes SE, Al-Khawaja D. Rare Presentation of Rosai-Dorfman disease mimicking a cervical intramedullary spinal cord tumor. *World Neurosurg* 2014;81:442.e7-9.
3. Jones MP, Rueda-Pedraza ME. Extranodal sinus histiocytosis with massive lymphadenopathy presenting as an intramedullary spinal cord tumor: A case report. *Am J Hematol* 1997;54:253-7.
4. Osenbach RK. Isolated extranodal sinus histiocytosis presenting as an intramedullary spinal cord tumor with paraplegia. Case report. *J Neurosurg* 1996;85:692-6.
5. Rocha-Maguey J, Felix-Torrontegui J-A, Cabrera-López M, Gutiérrez-Castro M, Montante-Montes de Oca D. A new case of cervical intramedullary sinus histiocytosis causing paraplegia and review of the literature. *Surg Neurol Int* 2016;7:9.
6. Sandoval-Sus JD, Sandoval-Leon AC, Chapman JR, Velazquez-Vega J, Borja MJ, Rosenberg S, et al. Rosai-Dorfman Disease of the Central Nervous System. *Medicine* 2014;93:165-75.