DE GRUYTER OPEN

DOI: 10.1515/rjim-2017-0004

ROM. J. INTERN. MED., 2017,0, 0,1-2

Erratum for the paper " Kalogeraki A, Tamiolakis D, Mavrigiannaki P, Karvelaskalogerakis M, Datseri G, Agelaki S, Papadopoulos S. Recurrent Cerebellar Desmoplastic/Nodular Medulloblastoma in Cerebrospinal Fluid (CSF) in the Elderly. A Cytologic Diagnosis. Rom J Intern Med. 2016;54(2):137-9"

ALEXANDRA KALOGERAKI[1]

[1] University of Crete, Medical Faculty, Greece

Dear Editor,

Please note that:

1 Authors listed are as follows: Alexandra Kalogeraki, Dimitrios Tamiolakis Panagiota Mavrigiannaki , Michael Karvelas-Kalogerakis ,Sophia Agelaki , Savvas Papadopoulos. Doctor Galateia Datseri who is not included any more was not involved in the design and the performance of the study, was unaware of been listed among authors, so she wishes her name to be removed.

2. INTRODUCTION page 137
We change the last two sentences as follows:
Desmoplastic MB exhibits distinctive cytopathologic features in intraoperative smears. The occurrence in adults and the presence of astroglial elements in imprint smears may result to erroneous diagnosis as gliomas [10].

3. CASE REPORT page 138
We correct the last three sentences (histopathological findings, treatment and follow-up) as follows:
Histopathological examination of the tumor mass biopsy specimen revealed areas of poor cellularity surrounded by densely packed hyperchromatic cells which reacted positively with neuron specific enolase (NSE). Low dose radiation and chemotherapy consisting of lomustine,cisplatin,hydroxyurea,and vincristine was administered.
The patient is disease free,by MRI,three months after recurrence.

4. DISCUSSION page 138-139.
We correct the last two paragraphs as follows:
The recurrence rate for medulloblastomas in adults ranges from 50% to 60%. The most common site of recurrence is the posterior fossa, followed by the spine, CSF, supratentorial cerebrum, bone, and other extraneural sites.(14, 15).

Unauthenticated
Download Date | 4/27/17 11:06 AM

CSF cytology sensitivity in detecting neoplastic involvement from medulloblastoma ranges from 43% to 62%. The percentages of positive CSF cytologic results for medulloblastoma are higher than for other CNS tumors and this may cause from various reasons [16].

Fouladi et al reported that:"with the use of either CSF cytology or spinal MRI alone, leptomeningeal involvement would be missed in up to 14% to 18% of patients with medulloblastoma and thus, both CSF cytology and spinal MRI should routinely be used" [17].

We apologize for the inconvenience.

Correspondence to: Alexandra Kalogeraki ,MD, PhD. University of Crete, Medical Faculty, PO Box 1393, Heraklion 71110, Crete Greece
Tel:+ 30 2810 394692, Fax:+30 2810 394694,
E-mail: kalogerakimed@yahoo.gr

References

KALOGERAKI A,TAMIOLAKIS D,MAVRIGIANNAKI P,KARVELASKALOGERAKIS M,DATSERI G,AGELAKI S,PAPADOPOULOS S. Recurrent Cerebellar Desmoplastic/Nodular Medulloblastoma in Cerebrospinal Fluid (CSF) in the Elderly. A Cytologic Diagnosis. Rom J Intern Med. 2016;**54**(2):137-9.

Received December 15 2016

Unauthenticated
Download Date | 4/27/17 11:06 AM