

Letter to the editor, in response to "Extensive brain tumor in a pediatric patient: A Case Report"

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Dear Editor,

We have read a case report [1] from our institution by an unrelated author. We acknowledge the freedom of any professional to design and execute any scientific endeavor, may it obey current ethical and institutional requirements. However, we are concerned by some of the informations reported in this case report that do not reflect the reality of our institution, nor the field at large. Also, some informations about this case are not accurate. As such, we want to clarify the doubts and incorrections shown in this case report.

A. The reported histology. Medulloblastomas (MB) are the most common malignant brain tumors of children and adolescents. Typical age distribution is 5 - 9 years old. They occur in the posterior fossa, involving midline or cerebellar hemispheric structures. Tumors depicting MB-like histology occuring supratentorially are not called

medulloblastomas. Pineal tumors with the same embryonal tumor histology as MB are classified as pineoblastomas. Third-ventricle tumors with this same histology pattern are classified as supratentorial embryonal tumors (STET). STET age distribution Misclassifying a STET as medulloblastoma is not adequate [2].

B. Effect of chemotherapy. The case report states that it "(...) *do not seem to modify the patients' survival curve, not allowing a curative therapy, only extending survival (...)*". This is in stark contrast with the reality of the field. Chemotherapy has revolutionized the treatment of medulloblastoma patients, permitting a long-term disease-free survival probability as high as 90% in low risk groups, and at least 50% or more in high-risk patients. Unfortunately, supratentorial embryonal tumors do not achieve this same survival, specially in children under 3 years old. Recently, however, it has been

reported a better survival for pineoblastomas and other STET [3].

C. Prognosis. The author imply that MB have a dismall prognosis. This is not true, even for our own institution. We have previously (actually, a decade ago) published retrospective data showing that our patients have, as a group, more than 50% of long-term survival probability [4].

In conclusion, we wish that the author of this case report had consulted with the pediatric oncology service of his own institution before the publication to avoid these misinformations.

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