LETTER TO THE EDITOR

(J Bangladesh Coll Phys Surg 2012; 30: 114-115)

To the Editor- in- Chief

Journal of Bangladesh College of Physician and Surgeon

Sir, We had gone though the case report of your prestigious journal of Bangladesh College of Physicias and Surgeons (Vol. 30. no.1, January 2012) entitle with 'Moyamoya Disease: A Rare Entity Report Of One Case' by Dr. Asifur Rahman with real interest and have a few observations.

Moyamoya disease- a puffs of cigerate smoke,[1] a rare disease of the cerebral vessels at the base of the brain , a wonderful case report with nice contents and illustrations . But in history associated risk factors, disease associations were not mentioned clearly. Ophthalmic findings like 'morning glory disc' , enlargement of optic disc with concomitant renovascular abnormalities [2]were not clearly illuatrated in this case report. In our country some rare cases like moyamoya disease often overlooked due to lack of orientation and available investigations facilities. The gold standard diagnostic tools for moyamoya disease are MRI of brain and MR angiogram which findings were nicely given here. Some chromosomal analysis still helpful for diagnosis. In this case, no such diagnostic tool was searched. No known treatment will reverse the primary disease process. But current treatments are designed to prevent strokes by improving blood flow to the affected cerebral hemisphere. Improvement in cerebral blood flow may provide protection against future strokes, effect a concurrent reduction in moyamoya-associated collaterals, and reduce the frequency of symptoms.[3]

Apart from surgical revascularization procedures, medical therapeutic measures such as antiplatelet agents and even anticoagulation have been used for stroke prevention. In completed stroke, as confirmed by means of diffusion-weighted magnetic resonance imaging, antiplatelet agents should be administered to reduce the formation of microthrombi at the site of the stenosis.[4,5,6] If proposed surgical intervention was to be done in this case, a good outcome might come and it might be really a mile stone of surgical intervention in our country regarding treatment of "moyamoya disease" .

Though it is more prevalent in Japan , now a days, a few cases of moyamoya disease is detected in Dhaka Medical College. We give special thank to the author who successfully diagnosed the case and shared his experience with us. Above all we like to thanks to the Editor –in –Chief of this journal for publishing this rare case. This will encourage new generation of specialists to dedicate more effort in new case identification.

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2. Massaro M, Thorarensen O, Liu GT, Maguire AM, Zimmerman RA, Brodsky MC. Morning glory disc anomaly and moyamoya vessels. Arch Ophthalmol 1998;116:253-254
3. Scott R M, and Smith E R. Moyamoya Disease and Moyamoya Syndrome. N Engl J Med 2009; 360:1226-1237March 19, 2009
4. Scott RM, Smith JL, Robertson RL, Madsen JR, Soriano SG, Rockoff MA. Long-term outcome in children with moyamoya syndrome after cranial revascularization by pial synangiosis. J Neurosurg 2004;100:Suppl:142-149
5. Bowen MD, Burak CR, Barron TF. Childhood ischemic stroke in a nonurban population. J Child Neurol 2005;20:194-197
6. Scott RM. Moyamoya syndrome: a surgically treatable cause of stroke in the pediatric patient. Clin Neurosurg 2000;47:378-384

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Author's Reply

To

The Editor-in-Chief

Journal of Bangladesh College of Physicians and Surgeons

Sir,

We thank Dr. Gobinda Banik and Professor Anup Kumar Saha for their interest in our case report. We are trying to answer the queries raised by them below.

The girl had neither any history of associated risk factor nor any association of diseases like NF 1, Sickle cell disease or Down's syndrome, related to her ailment. Her fundoscopic findings were also normal. Chromosomal abnormalities in suggested locations at 3,6,8 or 17 as well as specific HLA haplotypes could not be sought as there was no such facility in our university at the time of detection of the case. We do agree that it could be a milestone if we could intervene to prevent stroke in future. Accordingly we planned and offered different options of surgery to the parents of the patient, but they refused as we have mentioned. So, we had to keep the patient on follow up. Role of antiplatelets is controversial and so is also the role of anticoagulants. We opted to observe the patient only with prophylactic anticonvulsant as she had seizure.

We thank Dr. Banik and Dr. Saha for their positive comments and encouragement and we must thank the editor-in -chief for his kind consideration to publish this case report.

Sincerely yours

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