

To conclude, proper preoperative evaluation to detect the underlying pathology in patients with hydrocephalus is of particular importance in selecting the most appropriate treatment option or operation procedure [9]. STV is a rare condition that occurs with the spontaneous rupture of a ventricle into the subarachnoid space in patients with chronic obstructive hydrocephalus. We assume that PC-MRI and 3D-CISS should be chosen as first choices in demonstration of STV since both are non-invasive procedures and should be applied after routine cranial MRI in obstructive hydrocephalus patients with spontaneous regression of clinical symptoms or ventricular sizes [3].

PC-MRI and 3D-CISS are useful in assessment of the patency of ETV or detection of STV [3,4,9]. 3D-CISS appears to be superior to PC-MRI in detection of STV [4]. MRC should be preserved for patients with suspected STV findings on PC-MRI and 3D-CISS sequences. MRC may prevent false positive results [3]. Intrathecal gadolinium can also be safely applied [10,11].

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Dear Editor,

Thank you for the forwarded comments. I have attentively read a commentary on the article *Spontaneous third ventriculostomy in obstructive hydrocephalus with composed etiology: a case report*. The observations included in this commentary, assisted by the latest reports, are a valuable supplement of the investigated problem. The diagnosis of spontaneous third ventriculostomy based on routine neuroimaging (CT, MRI) is extremely difficult. The proper qualification of patients for advanced diagnostics still remains an essential issue. According to this, the algorithm presented by the authors of the letter seems to be very useful. Nevertheless, we should be aware that we cannot forget that any kind of imaging proposed by the authors has its own limitations and can

give false negative and false positive results. It happens that retrospection only lets us see subtle differences important from a diagnostic point of view.

In the presented case, lack of data on the previous disease course, especially disease duration, and convincing clear symptoms of three-ventricle obstructive hydrocephalus led us to the decision to perform third ventricle ventriculostomy. We had not had any premises of the composed hydrocephalus etiology before we made our decision. Performing PC-MRI would have changed our approach, but it was temporarily out of service at that time.

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