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In Response

Dear Sir:

We appreciate the response to our article "Intraventricular *Taenia solium* Cysts Presenting with Bruns Syndrome and Indications for Emergent Neurosurgery." The concern for underreporting the positional symptoms of ventricular cysticercosis as Bruns syndrome is noted, but our search criteria included the term "Bruns" and these other reports did not use that eponym. More importantly, the primary scope of our article was to increase awareness and management for severe cases of intraventricular neurocysticercosis.

Considering enzyme-linked immunosorbent assays (ELISAs), we stated that serological analysis has an adjunct role and that treatment should not be delayed for pending serological studies. Although imaging is the preferred modality for diagnosis, it is not 100% reliable in distinguishing cysticercosis from other neurological masses.[1] Also, a positive ELISA can provide epidemiologic information for a possible source of infection, as in classic studies from New York City, NY.[2,3]

Regarding treatment with anthelmintics before surgery, the data are limited. We did not stress the need for albendazole before surgery, and only one of the two cases received prior treatment. In fact, we stated that medical management should be avoided for patients presenting with neurological emergency. Considering antiparasitic drugs after surgery, it has been reported that small cysts, not removed by surgery, can be missed by magnetic resonance imaging and cause further complications in an already tenuous post-neurosurgical patient.[4] It has also been reported that postsurgery antiparasitics may help in preventing shunt failures.[5] Although imaging modalities have greatly improved in resource-rich countries, these may be unavailable in resource-limited areas.

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