Letter to the Editor

There appear to be some inaccuracies in a recent article entitled “Nonvascular and Portal Vein Applications of Cone-Beam Computed Tomography: Current Status.” On page 152, the authors discuss an article by Iwazawa and then state: “In a study of 48 technically successful RFA procedures, with MDCT as the gold-standard comparison, the authors found no significant difference between MDCT and contrast-enhanced CBCT in detecting insufficient ablative margins (defined as <5 mm).” I have read the article by Iwazawa. They performed 12 ablations on 12 lesions with 48 ablative margins evaluated. This can be misleading to the readers. I have performed several PubMed searches and I am not aware of any article with 48 cone-beam computed tomography (CBCT) ablations, and Kapoor et al do not reference any other article in that paragraph.

Also, on page 157, the authors refer the article by Pedicelli et al. They state: “Pedicelli et al reported on their 6-year experience applying 2D multiplanar reformatting images generated by CBCT in more than 950 percutaneous extravascular spinal procedures.” Although Pedicelli et al are not very clear in their results presentation, upon careful reading, they state that 950 procedures were done with fluoroscopy and multiplanar-reformatted CBCT images were used in 158 procedures (17% of cases). I think a correction may be necessary.

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References