



Intracranial foreign material granuloma after neurosurgical procedures

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Dear Editor,

We appreciate the interest of Drs. Akhaddar and Turgut in our recent manuscript published in this journal [2]. Since acceptance of our manuscript, they have communicated a systematic review on foreign body granulomas following cranial surgery in *World Neurosurgery* [1]. We wish to congratulate them for their thoughtful and comprehensive analysis. It is important to attract the attention to this thus far largely neglected but clinically significant issue.

In our manuscript, we concentrated on foreign body granulomas after foreign body material was left intentionally (except Tefloma [3]). As Drs. Akhaddar and Turgut point out, the problem of a material left “unintentionally” is most likely underreported and we assume there is an unknown dark figure [4].

We agree with the authors that a diagnosis of intracranial foreign body granuloma can definitely be made only after histopathological examination. In addition, however, a detailed history and clinical examination are necessary to make a correct decision in the management of such entities (surgery vs. wait and see).

Neurosurgeons must be aware of the occurrence of foreign body granuloma. In particular, it becomes evident that this is a well treatable condition with usually good outcome.

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This article is part of the Topical Collection on *Brain Tumors*

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