

This diagnostic aid can be utilized in any institution where radioisotopes are available. The technic is simple and the equipment necessary is relatively simple and inexpensive. The results are easily interpreted. It is obvious to everyone in the operating theater that tumor tissue is being approached because of the rapidly changing light and/or sound effects from the scaler or rate meter.

SUMMARY

1. Radioactive phosphorus probe counting is a diagnostic aid, now used in a number of teaching centers, which is applicable to the general practice of neurosurgery.

2. It serves as a distinct aid in determining the location and extent of tumor masses and in the early identification of tumor tissues.

3. The method presents a more objective technic for investigating slightly suspicious cases with normal angiography and/or encephalography.

4. The neurosurgeon is no longer placed in the position of suspecting the presence of an expanding mass and being unable to produce pathologic evidence of the tumor.

5. There has been no evidence that this small amount of radioactive phosphorus is in any way injurious to the patient.

6. This method presents none of the disadvantages present in other methods requiring exact timing, tedious studies, or cumbersome and expensive or even unobtainable equipment.

CONCLUSION

The use of P32 brain tumor localization technic is a definite diagnostic aid which can be extended to the general practice of neurosurgery.

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CORRECTION

I. C. Sherman and H. M. Seidner: An unusual case of diffuse sclerosis occurring in pregnancy, *Neurology* 4:637-642, 1954.

The authors regret that the following footnote was inadvertently omitted from the original manuscript. "We are indebted to Dr. J. Luhan of Chicago for his preparation and description of the microscopic material as well as other valuable assistance in the formulation of this article."

Neurology®

CORRECTION

Neurology 1954;4:934
DOI 10.1212/WNL.4.12.934

This information is current as of December 1, 1954

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