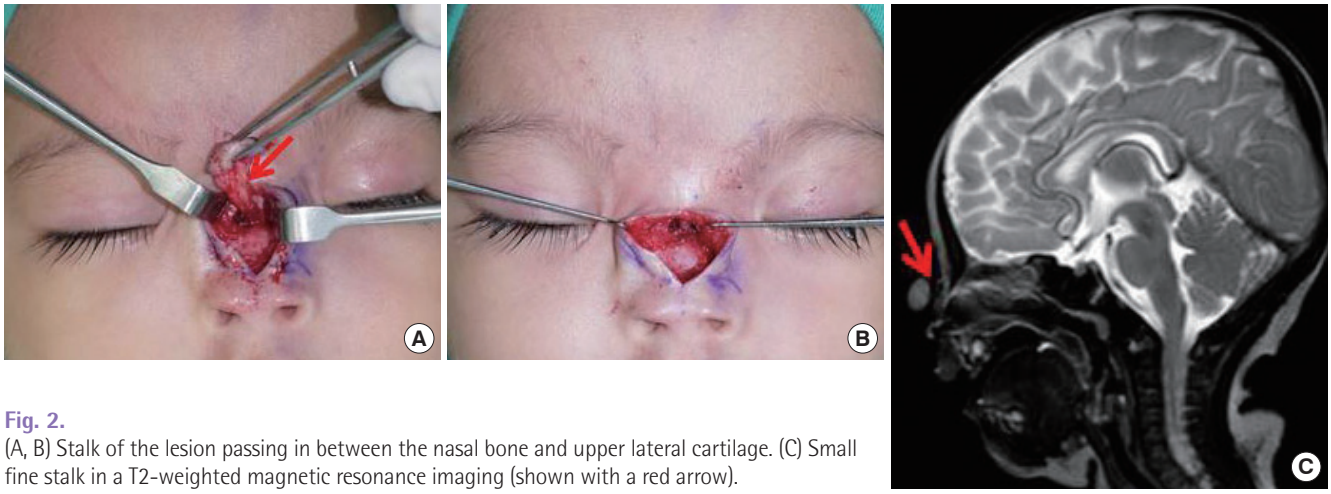

Fig. 2.
(A, B) Stalk of the lesion passing in between the nasal bone and upper lateral cartilage. (C) Small fine stalk in a T2-weighted magnetic resonance imaging (shown with a red arrow).

References

1. Song SY, Choi JW, Lew HW, et al. Nasal reconstruction of a frontonasal dysplasia deformity using aesthetic rhinoplasty techniques. Arch Plast Surg 2015;42:637-9.
2. Rojvachiranonda N, David DJ, Moore MH, et al. Frontoethmoidal encephalomeningocele: new morphological findings and a new classification. J Craniofac Surg 2003;14:847-58.

Response To Dr. Tang Letter to Editor: Inconspicuous Nasoethmoidal Encephalocele Might Be Wrongly Diagnosed

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We appreciate your comments on our diagnosis of a case of frontonasal dysplasia.

We reviewed Nond's new classification system and the patient's data and computed tomography (CT) findings again as you suggested. However, we were not able to find evidence of frontoethmoidal encephalomeniogocele (FEEM).

Given the genetic counseling and the morphologic features based on the CT scan, we have concluded that frontonasal dysplasia is the right diagnosis for this patient. Genetic analysis revealed that the patient had a normal *ALX3* gene sequence, indicating a sporadic occurrence of frontonasal dysplasia. If the patient would have been interested in the exact gene sequence, we could have ordered the analysis of the *ALX1* or *ALX4* genes, but the parents of the patient did not want to do so in this case.

Despite the lack of evidence, we believe it still could be possible that this patient had FEEM. As you mentioned, there is a possibility that some patients with FEEM features are diagnosed with frontonasal dysplasia. We agree. In the diagnosis of FEEM, extracranial pathological findings of interest include herniation masses, facial deformities, and frontonasal bone morphology. Intracranial pathological findings of interest include morphology of the anterior cranial floor and brain malformations.

Although we have concluded that our patient's diagnosis is frontonasal dysplasia, we appreciate your valuable comments on the similarity to FEEM. We feel the differential diagnosis of the two types of lesions requires further research.

Regards,