

Author's reply

Sir,

We thank you for your interest in our article, your constructive comments, and for bringing up the important topic of Gorham Stout syndrome.

Indeed, many authors consider generalized lymphangiomatosis (or generalized lymphatic anomaly), Gorham Stout disease, and Kaposiform lymphangiomatosis to be a spectrum of complex lymphatic anomalies with overlapping clinical and imaging findings.^[1]

However, at present, Gorham Stout disease and generalized lymphatic anomaly are considered to be separate entities. Massive osteolysis with involvement of contiguous bones and visceral involvement in continuity with the involved bones is considered typical of Gorham Stout disease. In contrast, bone involvement in generalized lymphatic anomaly is less severe with multifocal discontinuous involvement and without cortical destruction. Furthermore, visceral involvement is more severe and not necessarily related to the lytic bone lesions.^[2]

Our patient had multifocal mild involvement of bones without cortical destruction. The pleural involvement was not related to bone involvement, and lung involvement was pronounced. Although pleural involvement contiguous with massive osteolysis of adjacent ribs and chylothorax is described in Gorham Stout disease,^[3,4] we did not come across any reference for remarkable lung involvement.

We agree that more studies are required to assess the etiopathogenesis as well as treatment options. The rarity of these diseases hinders such studies. We would like to reiterate that radiologists' role in the diagnosis of these rare diseases is paramount.

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Conflicts of interest

There are no conflicts of interest.

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