AJNR

Where's the Septum Pellucidum *at*?

Allen D. Elster

AJNR Am J Neuroradiol 1993, 14 (2) 510
http://www.ajnr.org/content/14/2/510.2.citation

Where's the Septum Pellucidum *at*?

It is out of honor and respect for my late high school Latin teacher, Mr James Murphy, that I feel compelled to comment on a grammatical error that occurred in an otherwise scholarly and interesting recent paper in this journal (1). In particular, I am referring to the misuse of the term "cavum septum pellucidum" which occurs repeatedly throughout this article. The proper grammatical structure for this phrase should be "cavum septi pellucidi," which translates as "cavity of the septum pellucidum."

In Latin *cavum* and *septum* function as nouns while *pellucidum* is an adjective which modifies *septum.* Expressing the concept "cavity *of* the septum pellucidum" requires that *septum* and *pellucidum* be placed in the genitive form, namely "septi pellucidi." "Cavum septi pellucidi" is thus not only grammatically correct, but is also the official Nomina Anatomica designation for this entity which appears in most textbooks and medical dictionaries. It is also the form used in the titles of every reference quoted by the authors of the present paper.

Synonyms for cavum septi pellucidi include: cavity of the septum pellucidum, camera septi pellucidi, Duncan's ventricle, fifth ventricle, rhomboid sinus, sinus rhomboideus cerebri, ventricle of Arantius, ventricle of Sylvius, and Vieussen's ventricle (2). Incidentally, the proper term for the space of Verga is "cavum vergae," while the cavity of the velum interpositum should be called the "cavum veli interpositi."

I realize 3 years of high school Latin doesn't make me a classical scholar (although only 2 years of fellowship does qualify me to be a neuroradiologist!) Nevertheless, I am quite confident that I still remember how to decline these Latin words properly, and feel that *AJNR*, as the world's leading journal for neuroradiology, should insist both upon the "King's English" and "Caesar's Latin" in all of its articles. Mr Murphy wouldn't have had it any other way.

Allen D. Elster, MD
Department of Radiology
Bowman Gray School of Medicine
Wake Forest University
Winston-Salem, NC 27157–1022

References

1. Degreef G, Lantos G, Bogerts B, Ashtari M, Lieberman J. Abnormalities of the septum pellucidum on MR scans in first-episode schizophrenic patients. *AJNR: Am J Neuroradiol* 1992;13:835–840
2. *Dorland's illustrated medical dictionary*. 26th ed. Philadelphia: Saunders, 1985:233

Conclusions Questioned

I read with interest the article by Degreef et al (1) regarding abnormalities of the septum pellucidum in first-episode schizophrenic patients. However, their demonstration of a case of "partial agenesis of the corpus callosum" (Fig. 3) appears incorrect. The embryology of the corpus callosum reveals an anterior to posterior sequence of development, with the exception of the rostrum. This concept is important in differentiating a dysgenetic corpus callosum from one that is secondarily injured; a small or absent genu or body is almost certainly the result of a secondary destructive process when the splenium is intact (2). Figure 3A clearly shows a normal splenium, making the diagnosis of partial agenesis unlikely. Moreover, when the corpus callosum does not form, the cingulate gyri remain everted and the cingulate sulcus remains unformed (2). Figure 3B shows normal inversion of the cingulate gyri, also making the diagnosis of partial agenesis unlikely.

I question the conclusion that the authors reach in the abstract. Even if the case of partial callosal agenesis had been correct, the presence of a single example in 62 patients would hardly qualify as an "increased prevalence of partial callosal agenesis in schizophrenics" (regardless if other studies have supported this finding). In summary, their paper presents 62 cases of first-episode schizophrenia in which there are no examples of callosal dysgenesis and one case of a secondary destructive callosal lesion.

David Friedman, MD
Department of Radiology
Thomas Jefferson University Hospital
10th and Sansom Streets
Room #1069-Main Building
Philadelphia, PA 19107

References

1. Degreef G, Lantos G, Bogerts B, Ashtari M, Lieberman J. Abnormalities of the septum pellucidum on MR scans in first-episode schizophrenic patients. *AJNR: Am J Neuroradiol* 1992;13:835–840
2. Barkovich AJ. Pediatric neuroimaging. 1st ed. New York: Raven, 1990:79–84

Editor's note: These letters were referred to Dr Lantos and his colleagues. Their reply follows.

Reply

We have read Dr Friedman's letter with interest and reviewed our case in light of the points raised. The development of the corpus callosum is quite complex. The first major embryologic event involves thickening of the dorsal end of the primitive lamina terminalis (lamina reuniens) at about 6 to 8 weeks of gestational age. This structure evolves into the commissural plate, through which the anterior commissure, corpus callosum, and hippocampal commissure eventually migrate. The process starts with the anterior commissure at about 10 weeks, followed by the hippocampal commissure at approximately 11 weeks, and the corpus callosum at about 12 weeks (1).

The cellular/molecular mechanisms of formation of the major commissural tracts have not been completely elucidated. Postulated mechanisms include fusion of the medial hemispheric walls to form the commissural plate, followed by penetration of the commissural plate by glial cells to