The Authors’ Reply

The authors are indebted to Drs. Cantero and Lozano for having pointed out an obvious spelling error. On page 59, column 1, line 2, “Fe"2 FFP” should read “Fe"3 FPP” (FFP = ferriprotoporphyrin), as it is used elsewhere in the paper.

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Chondroid Chordoma

To the Editor—Jeffrey and colleagues1 recently proposed that the nosologic term, chondroid chordoma, be replaced by “hyalinized chordoma” because the latter more accurately reflects the histogenesis of the tumor and “helps avoid confusion” with chondrosarcoma.

We were pleased that their study confirmed our conclusions2 that chondroid chordomas, as defined by Heffelfinger and colleagues,3 are chordomas and not chondrosarcomas, as proposed by others.4 It has been our contention that the chondroid tissue in chondroid chordomas merely represents individual chordoma cells surrounded by homogeneous mucinous matrix that mimicks neoplastic hyaline cartilage by light microscopy. The fact that this chondroid tissue is not true hyaline cartilage is proven by its epithelial phenotype as determined by immunohistochemistry and electron microscopy.1,2

We disagree, however, with the authors rationale and proposal to rename chondroid chordoma as “hyalinized chordoma.” The authors argue that the term “chondroid” is inappropriate and should be eliminated because the tissue represented by this designation is not really hyaline cartilage. The suffix “oid” is defined as “something that resembles,” therefore, the term chondroid means cartilage-like and not true cartilage. This is exactly the phenomenon that occurs in chondroid chordoma. We believe that introducing the new phrase “hyalinized chordoma” to the ever-expanding list of diagnostic terminology will complicate the matter and not simplify it. The controversy in the literature over chondroid chordoma has been caused by the misinterpretation of its morphology and not terminology and changing its name will not resolve the problem.

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REFERENCES

The Authors’ Reply

To the Editor—We thank Dr. Rosenberg and colleagues for his interest in our article and his comments. In his letter, Dr. Rosenberg and colleagues express concern that renaming “chondroid chordoma” as hyalinizing chordoma is ill-advised.

Our article was not intended to reaffirm the existence of “chondroid chordoma.” Rather, the principal purpose of our paper was to demonstrate that the entity originally described as “chondroid chordoma” does not exist. “Chondroid chordoma” was defined on three major premises, all of which have been refuted. These premises were (1) biphasic differentiation with areas of both chordoma and cartilaginous differentiation; (2) occurrence in younger patients compared to typical chordoma (35 years vs. 42 years); and (3) superior survival (15.8 years vs. 4.1 years). Although the terminology “chondroid” was adopted for this lesion, Heffelfinger and colleagues used this terminology to refer to foci of chordoma or chondrosarcoma. Hypothetically, these lesions recapitulated a later stage of notochord development when chondrification of the mesenchyme surrounding the fetal notochord occurs. However, there is not a single example of a skull-based neoplasm that fulfills these criteria, although the literature is replete with examples of so-called “chondroid chordoma.” As we pointed out in our paper, three different types of tumors have fallen under the rubric of “chondroid chordoma”: chondrosarcoma, differentiated chordoma, and chordomas that demonstrate a hyaline as opposed to a mucinous stroma. In our opinion, “chondroid chordoma” was a poorly defined entity from the outset that included examples of both hyalinized chordoma and chondrosarcoma. In the original paper outlining the description of chondroid chordomas, all but four chondrosarcomas of the skull base were reclassified as “chondroid chordoma” with an estimated incidence of 7%. As a result of this study, chondrosarcoma of the skull base was largely underestimated and many cases were classified as “chondroid chordoma.” More recent immunohistochemical studies, including our own, estimate the incidence of chondrosarcoma of the skull base to be anywhere between 20% to 36%,3 By referring to chordomas with hyaline stroma as “hyalinizing chordoma,” we are making an effort to move beyond the older terminology that carries with it all the false premises upon which chondroid chordoma was defined. Introduction of new terminology may not help resolve any controversy, but retention of the concept of “chondroid chordoma” only perpetuates the confusion.

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