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Reply:

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REPLY:

We are grateful to the authors for their reflections on our study supporting the value of serial neuroimaging. The early MR imaging in our study was, on average, 4 weeks after birth for infants with a gestational age of 28 weeks. Thus, early diffusion-weighted imaging was often too late to detect acute white matter injury in most of our infants. We support the premise from the authors that early (first 14 days of life) diffusion imaging may improve early detection of moderate-severe white matter injury. In addition, the presence of other hemorrhagic brain injuries in any preterm infant should highlight the risk that ischemic brain injury occurred and thus elevate the concern for other forms of brain injury such as nonhemorrhagic white matter injury. Unfortunately, many neonatal clinicians still minimize the use of cranial ultrasound, including the number of scans and bone windows used, while many do not undertake any MR imaging. Access to a reliable definition of the nature and severity of brain injury in the high-risk preterm infant, as early as possible, can assist in targeting rehabilitative therapeutic services to those who may benefit most.

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