require a little extra effort by a third party (other than the
treatment and outcome assessment teams) to prepare a therapeu-
tic regimen and to mask the treatment codes. The third party
could be anyone (eg, the project leader, a senior investigator, or
just a technician assigned to another project) who does not actually
participate in surgery, drug administration, animal care, or out-
come assessment.

We concur that “confirmatory manuscripts” should be pub-
lished. However, discrepancies in trial outcomes caused by a
disparity in the quality of trial protocols may delay ultimate
determination of the true effect of a new drug. Application of
stringent criteria in preclinical trials will reduce the number of
publications reporting spurious results and in the long run be
cost-effective.

Chung Y. Hsu, MD, PhD
Division of Restorative Neurology and Human Neurobiology
Baylor College of Medicine
Houston, Tex

References
1. Brint S, Jacewicz M, Kiessling M, Tanabe J, Pulsinelli WA. Focal
brain ischemia in the rat: methods for reproducible neocortical
infarction using tandem occlusion of the distal middle cerebral and
8:474-485.
2. Engler R, Gilpin E. Can superoxide dismutase alter myocardial
3. Lee KL, McNeer JF, Stramer CF, Harris PJ, Rosati RA. Clinical
judgement and statistics: lessons from a simulated randomized trial
4. ISIS-2 randomized trial of intravenous streptokinase, oral aspirin,
both, or neither among 17 187 cases of suspected acute myocardial
5. Hsu CY. Criteria for valid preclinical trials using animal stroke

Acute Unilateral Hydrocephalus Caused by a Small
Intracerebral Hemorrhage Obstructing the
Foramen of Monro

Unilateral hydrocephalus (UH) has been rarely reported since
Von Mohr.1 It is caused by obstruction of one of the paired
foramina of Monro and clinically characterized by symptoms of
increased intracranial pressure, such as headache, change in
mental status, and ataxia. We report here a case of small left
intracerebral hemorrhage with UH.

An 84-year-old woman was admitted to our hospital with a
confusion and gait disturbance of acute onset. On admission, the
neurological examination revealed right central facial palsy and
truncal ataxia. Hematological and biochemical investigations were
normal. An immediate computed tomographic scan showed a
small high-density area suggestive of hematoma in contact with the
anterior horn of the left lateral ventricle, with ventricular perfor-
ation and enlargement of the ipsilateral ventricle (Figure, panels
a and b). Magnetic resonance imaging (MRI) was performed on
hospital day 7. In T1-weighted images a lesion obstructing the left
foramen of Monro was clearly demonstrated (panel c). Angiogra-
phy was not performed. The patient was treated conservatively,
and her symptoms were ameliorated. A follow-up MRI performed
on hospital day 30 revealed no lesion in the region of the foramen
of Monro (Figure, panel d) and showed that the lateral ventricles
had become symmetrical.

Shingo Ohkawa, MD
Yukio Ohsumi, MD
Masayasu Tabuchi, MD
Neurology Service
Hyogo Brain and Heart Center
Atsushi Yamadori, MD
Department of Clinical Neuroscience
Hyogo Institute for Aging Brain and Cognitive Disorders
Himeji, Japan

References
2. Bhagwati S. A case of unilateral hydrocephalus secondary to
3. Britt RH, Silverberg GD, Enzmann DR, Hanbery JW. Third ven-
tricular chroid plexus arteriovenous malformation simulating a
Acute unilateral hydrocephalus caused by a small intracerebral hemorrhage obstructing the foramen of Monro.
S Ohkawa, Y Ohsumi, M Tabuchi and A Yamadori

Stroke. 1993;24:1602
doi: 10.1161/01.STR.24.10.1602

Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 1993 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/24/10/1602.citation

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org/subscriptions/