

AUTHOR'S REPLY

We thank Kumar and Garg⁽¹⁾ for their interest and comments on our article.⁽²⁾ We agree that fine needle aspiration cytology (FNAC) may not be a suitable first-line investigation in a lesion clinically suspected to be a carotid body tumor (CBT). However, in our patient, the diagnosis of CBT was not suspected prior to FNAC, and hence, imaging investigations had not been done. The cytologic findings of CBT, like those of many other neck lesions, need to be correlated with clinical and ancillary data for a confident diagnosis. The main purpose of our article was to highlight the FNAC findings of CBT and to alert the cytologist to the possibility of CBT even in clinically unsuspected cases.

Yours sincerely,

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REFERENCES

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