Clinical Perspective. Totowa, NJ: Humana Press, 2005:77–124.

4. Thömke F, Marx JJ, Sauer O, et al. Observations on comatose survivors of cardiopulmonary resuscitation with generalized myoclonus. *BMC Neurology* 2005;5:14. Accessed online September 18, 2007.
5. Wijdicks EFM, Parisi JE, Sharbrough FW. Prognostic value of myoclonus status in comatose survivors of cardiac arrest. *Ann Neurol* 1994;35:239–243.
6. Morris HR, Howard RS, Brown P. Early myoclonic status and outcome after cardiorespiratory arrest. *J Neurol Neurosurg Psychiatry* 1998;64:267–268.
7. Wijdicks EFM, Hijdra A, Young GB, Bassetti CL, Wiebe S. Practice parameter: prediction of outcome in comatose survivors after cardiopulmonary resuscitation (an evidence-based review): report of the quality standards subcommittee of the American Academy of Neurology. *Neurology* 2006;67:203–210.

THERMOREGULATION: RECENT CONCEPTS AND REMAINING QUESTIONS

To the Editor: Dr. Benarroch's interesting discussion of thermoregulation briefly refers to the often significant component of shivering.¹ His focus is on the warm-thermosensitive neurons within the preoptic hypothalamus, yet the firing of the cold-sensitive preoptic neurons increases as preoptic temperature falls, inducing shivering.

The efferent pathway traverses the median forebrain bundle to terminate in the posterior hypothalamus, where axons proceed caudally to reach reticulospinal neurons located within the reticular formation of both the pons and medulla. These reticulospinal neurons give rise to the reticulospinal tract, which occupies a lateral position within the pons, medulla, and spinal cord, and is predominantly ipsilateral. In laboratory animals, lesions at every level of the reticulospinal tract abolish ipsilateral shivering.²

I recently reported a case of the ipsilateral loss of shivering in the human.³ My patient had a previous discrete lateral medullary infarct documented by MRI, and involved the medullary location of the reticulospinal tract. Recovery was excellent, but when he subsequently developed an acute urinary tract infection, he shivered only contralaterally.

Gordon J. Gilbert, St. Petersburg, FL

Disclosure: The author reports no disclosures.

Reply from the Author: I appreciate Dr. Gilbert's interest in my article and agree that shivering is an important component of cold response in humans. In my short review, I sought to concentrate on recent experimental studies and electrophysiologic and neuroanatomic data that provide insight into the pathophysiology of some thermoregulatory disorders in humans.

Although the consequences of lesions of the reticulospinal tract on shivering are important, I focused my discussion on the results of neuroanatomic tracing and electrophysiologic experiments.

This does not minimize the importance of observations such as those from Dr. Gilbert on the consequences of lesions affecting putative thermoregulatory pathways in humans.³

Eduardo E. Benarroch, Rochester, MN

Disclosure: The author reports no disclosures.

Copyright © 2008 by AAN Enterprises, Inc.

1. Benarroch EE. Thermoregulation: recent concepts and remaining questions. *Neurology* 2007;69:1293–1297.
2. Kiernan JA. *The Human Nervous System: An Anatomical Point of View*. 8th ed. Philadelphia: Lippincott Williams & Wilkins; 2005.
3. Gilbert GJ. Unilateral shivering: a result of lateral medullary infarction. *South Med J* 2007;100:540–541.

CORRECTION

Amnesic syndrome of the medial temporal type identifies prodromal AD: A longitudinal study

In the article "Amnesic syndrome of the medial temporal type identifies prodromal AD: A longitudinal study," by M. Sarazin et al. (*Neurology*® 2007;69:1859–1867), the following reference should be added:

Van der Linden M, Coyette F, Poitrenaud J, et les membres du GREMEM. L'épreuve de rappel libre/rappel indicé à 16 items (RL/Rl – 16). In: Van der Linden M, Adam S, Agniel A et les membres du GREMEM, editors. *L'évaluation des troubles de la mémoire. Présentation de quatre tests de mémoire épisodique (avec leur étalonnage)*. Marseille, France: Solal; 2004:25–47.

The authors regret the error.

Neurology[®]

Amnestic syndrome of the medial temporal type identifies prodromal AD: A longitudinal study

Neurology 2008;70;2016-2016-a
DOI 10.1212/01.wnl.0000318866.72429.cd

This information is current as of May 19, 2008

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/70/21/2016.2.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.