Correction

In the article "Large infarcts in the middle cerebral artery territory: Etiology and outcome patterns" by Heinsius et al. (Neurology 1998;50:341-350), some data were presented incorrectly in the tables. Here the tables are reproduced in their correct form.

Table 1 Risk factors and history of patients for large and limited superficial MCA infarction

Risk factors/history	Vascular territory		<i>p</i> Value*
	laMCA, n = 208	lsMCA, n = 610	
Age (y)			
Average	61.2	62.8	0.045
Range	20-89	17-94	
SD	14.9	15.0	
Sex			
Female	75 (36)	229 (38)	0.017
Male	133 (64)	381 (62)	
Hypertension	84 (40)	227 (37)	
Diabetes mellitus	19 (9)	72 (12)	0.024
Smoking			
Current	81 (39)	230 (38)	
Former	16 (8)	57 (9)	0.011
Hypercholesterolemia	31 (15)	139 (23)	
Current use of oral contraceptives†	6 (8)	20 (9)	
History of TIA (ipsilateral)	24 (12)	113 (19)	0.011
Cardiac history			
History of angina pectoris	33 (16)	96 (16)	
History of myocardial infarction	21 (10)	62 (10)	0.011
History of atrial fibrillation	40 (19)	74 (12)	

Numbers in parentheses are percentages.

* Exact value of *p* for comparison of frequency in large and limited superficial MCA infarcts is given in case *p* < 0.05.

† Percentages given for female patients.

laMCA = large middle cerebral artery; lsMCA = limited superficial middle cerebral artery.

Table 2 Cardiac investigations in patients with laMCA infarct

ECG	(n = 208)	<i>p</i> *
Normal	114 (55)	0.012†
Signs of ischemia	69 (33)	
Ischemic changes (ST)	46 (22)	
Signs of prior myocardial infarction	23 (11)	
Signs of arrhythmia	48 (23)	
Atrial fibrillation	44 (21)	
Supraventricular arrhythmia	2 (1)	
Ventricular arrhythmia	2 (1)	
Conduction disturbances	14 (7)	
AV-block I°	5 (2)	
Others	9 (4)	
Signs of left ventricular hypertrophy	12 (6)	
Echocardiography	(n = 89)	
Normal	37 (42)	
Segmental akinesia	17 (19)	
of these with thrombus	2 (2)	
Patent foramen ovale	2 (2)	
Mitral valve prolapse	6 (7)	
Mitral stenosis	2 (2)	
Other potential embolic sources‡	10 (11)	
Total of potential embolic sources	37 (42)	
Other anomalies	15 (17)	

Numbers in parentheses are percentages. Percentages given as positive results of performed investigations.

* *p* For comparison of frequency in laMCA and lsMCA.

† Frequency increased toward lsMCA.

‡ Left atrial dilatation (4), prosthetic mitral valve, severe aortic stenosis, sclerosis of aortic valves, atherosclerotic plaques in ascending aorta, cardiomyopathy (due to amyloidosis).

laMCA = large middle cerebral artery; lsMCA = limited superficial middle cerebral artery.

Table 3 Vascular investigations for large MCA infarctions

Vascular territory	Total ipsilateral, n = 208	Doppler ipsilateral, n = 208	Angiography ipsilateral, n = 64	Doppler contralateral, n = 208
Normal	32 (15)	40 (19)	6 (9)	89 (43)
ICA				
Normal	38 (18)	42 (20)	18 (28)	90 (43)
Stenosis <50%	62 (30)	60 (29)	6 (9)	103 (50)
Stenosis 50–70%	13 (6)	12 (6)	4 (6)	4 (2)
Stenosis 75–90%	4 (2)	3 (1)	7 (11)	6 (3)
Stenosis >90%	6 (3)	6 (3)	7 (11)	3 (1)
Occlusion	85 (41)*	83 (40)	22 (34)	1 (1)
Vertebrobasilar arteries				
Minor abnormality	1 (1)	1 (1)		1 (1)
Major abnormality	1 (1)	1 (1)		
MCA				
Stenosis	5 (2)		5 (8)	
Occlusion of the trunk	32 (15)		32 (50)	
Isolated occlusion of branches	6 (3)		6 (9)	

Numbers in parentheses are percentages.

* $p < 0.001$ For comparison with lsMCA (see text).

MCA = middle cerebral artery; ICA = internal carotid artery.

Table 4 Presumed cause of infarction for lsMCA and laMCA infarcts

Vascular territory	laMCA			
	lsMCA, n = 610	All, n = 208	ICA occlusion, n = 85	No ICA occlusion, n = 123
Causes				
Vascular pathology	300 (49)	113 (54)	73 (86)	40 (33)
Focal atherosclerosis with stenosis >50%*	171 (28)	71 (34)	49 (58)	22 (18)
Diffuse atherosclerosis	96 (16)	17 (8)	—	17 (14)
Dissection	21 (3)	25 (12)	24 (28)	1 (1)
Other	12 (2)	—		
Cardiac embolic source	200 (33)	69 (33)	2 (2)	67 (54)
Coexisting arterial and cardiac sources	19 (3)	11 (5)	7 (8)	4 (3)
Other causes	21 (3)	4 (2)‡	1 (1)	3 (2)
Undetermined cause	70 (11)	11 (5)	2 (2)	9 (7)

For definitions of etiologic groups see Methods. The abbreviations for the infarct territories are explained in the figure. Numbers in parentheses are percentages.

* Possible mechanism: artery to artery embolism, local thrombosis.

† $p < 0.001$ For comparison of marked etiologies between ICA occlusion and no ICA occlusion after exclusion of patients with ICA dissection.

‡ Other causes in laMCA: angiography, migraine, probable paradoxical embolism.

lsMCA = limited superficial middle cerebral artery; laMCA = large middle cerebral artery; ICA = internal carotid artery.

Table 5 Type of onset and frequency of headache

	laMCA (n = 208)	Without ICA dissection/occlusion (n = 122)	ICA dissection (n = 25)	<i>p</i> Value*	ICA occlusion/ no dissection (n = 61)	<i>p</i> Value†
Time of onset						
Complete <5 minutes	152 (73)	100 (82)	12 (48)	<0.005	40 (66)	<0.05
Fluctuating <24 hours	8 (4)	6 (5)	1 (4)		1 (2)	
Fluctuating >24 hours	9 (4)	1 (1)	2 (8)		6 (10)	
Smoothly progressive <1 hour	7 (3)	1 (1)	4 (16)	] <0.01	2 (3)	
Smoothly progressive 1–24 hours	19 (9)	9 (7)	3 (12)		7 (11)	
Smoothly progressive >24 hours	13 (6)	5 (4)	3 (12)		5 (8)	
Headaches						
No	169 (81)	110 (90)	12 (48)		47 (77)	
Yes	39 (19)	12 (10)	13 (52)	<<0.001	14 (23)	
Diffuse	9 (4)	6 (5)	3 (12)		—	
Ipsilateral forehead	18 (9)	3 (2)	6 (24)		9 (15)	
Ipsilateral temporal	8 (4)	2 (2)	2 (8)		4 (7)	
Ipsilateral occipital	2 (1)	—	1 (4)		1 (2)	
Ipsilateral frontooccipital	2 (1)	1 (1)	1 (4)		—	

Numbers in parentheses are percentages.

* *p* Value for comparison of frequency between patients with ICA dissection and patients without ICA dissection. If no value given, *p* > 0.05.

† *p* Value for comparison of frequency between patients with ICA occlusion and patients without ICA occlusion; ICA dissection excluded. If no value given, *p* > 0.05.

laMCA = large middle cerebral artery; ICA = internal carotid artery.

Table 6 Symptomatology of patients in accordance to infarcted territory

Territory			laMCA				
Symptoms	Supratentorial* (n = 1706)	lsMCA (n = 610)	All (n = 208)	PPV†	coMCA (n = 72)	lasuMCA (n = 53)	lasdMCA (n = 83)
Motor deficit	1387 (81)	493 (81)	205 (99)		72 (100)	52 (98)	81 (98)
Face, upper and lower limb	633 (37)	88 (14)	187 (90)	0.23 ± 0.01	70 (97)	44 (83)	73 (88)
Face and upper limb	470 (28)	317 (52)	18 (8)		2 (3)	8 (15)	6 (7)
Upper and lower limb	84 (5)	13 (2)	1 (1)				1 (1)
Single limb/only face	159 (9)	73 (12)					
Only ataxic component	41 (2)	2 (0)	1 (1)				1 (1)
Sensory deficit	671 (39)	262 (43)	194 (93)		71 (99)	48 (91)	75 (90)
Face, upper and lower limb	356 (21)	84 (14)	172 (83)	0.33 ± 0.02	67 (93)	38 (72)	67 (81)
Face and upper limb	211 (12)	142 (23)	19 (9)		4 (6)	9 (17)	6 (7)
Upper and lower limb	35 (2)	10 (2)	3 (1)			1 (2)	2 (2)
Single limb/only face	69 (4)	26 (4)					
Hemianopia	325 (19)	97 (16)	152 (73)	0.32 ± 0.02	66 (92)	32 (60)	54 (65)
Eye deviation	Not counted	Not counted	97 (47)		40 (56)	16 (30)	41 (49)
Agnosia	377 (22)	133 (22)	113 (54)		42 (58)	27 (51)	44 (53)
Reduction of consciousness							
Confused	89 (5)	22 (4)	9 (4)	0.46 ± 0.03	3 (4)	2 (4)	4 (5)
Somnolent	110 (6)	27 (4)	88 (42)		33 (46)	22 (42)	33 (40)
Coma (light)	18 (1)	3 (0)	19 (9)		10 (14)	2 (4)	7 (8)
Coma (profound)	6 (0)	1 (0)	7 (3)		5 (7)	2 (4)	
Head pain	241 (14)	81 (13)	39 (19)		14 (19)	14 (26)	11 (13)
Infarction on left side	662	404	116		42	27	47
Aphasia	541 (82)	320 (79)	116 (100)		42 (100)	27 (100)	47 (100)
Global	136 (21)	67 (17)	105 (91)	0.44 ± 0.03	40 (95)	23 (85)	42 (89)
Wernicke	174 (26)	129 (32)	6 (5)		2 (5)	2 (7)	2 (4)
Broca	231 (36)	124 (31)	5 (4)			2 (7)	3 (6)
Combination of symptoms							
Hemiparesis,‡ hemisensory loss‡							
+ Hemianopia§	84 (5)	46 (8)	122 (59)	0.59 ± 0.03			
+ Global aphasia§	36 (2)	20 (3)	81 (39)	0.69 ± 0.04			
+ Hemianopia + global aphasia§	24 (1)	4 (1)	66 (32)	0.73 ± 0.05			
+ Reduction of consciousness¶	62 (4)	17 (3)	109 (52)	0.64 ± 0.04			

Numbers in parentheses are percentages.

* Supratentorial infarcts (laMCA excluded).

† PPV positive predictive value for prediction of infarction of laMCA territory within supratentorial infarcts.

‡ Concerning face, arm and leg or face and arm.

§ Comatose patients excluded.

¶ For somnolent and comatose patients.

laMCA = large middle cerebral artery; lsMCA = limited superficial middle cerebral artery; coMCA = complete infarction of middle cerebral artery; lasoMCA = large superficial lesions of middle cerebral artery; lasdMCA = superficial/deep lesions of middle cerebral artery.

Correction

The book review "Central Nervous System Infectious Diseases and Therapy" (Neurology 1998;50:1200) was incorrectly attributed. The actual author was Alex C. Tselis, MD, PhD.

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