Disclosure: The author reports no conflicts of interest.

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CONTRAST EXTRAVASATION ON CT ANGIOGRAPHY PREDICTS HEMATOMA EXPANSION IN INTRACEREBRAL HEMORRHAGE

To the Editor: We read the article by Goldstein et al. with interest.¹ The authors have attempted to prove the hypothesis that contrast extravasation on CT angiography (CTA) at presentation can predict subsequent hematoma expansion in patients with hyperacute stage intracerebral hemorrhage (ICH). We have published reports on patients with ICH in whom evidence of extravasation on three-dimensional CT angiography and contrast-enhanced MRI was demonstrated.^{2,3} One major task in patient management with hyperacute stage ICH is to determine whether a hemorrhage is secondary to an underlying vascular abnormality.

In our report, we also described that 3DCTA is essential for the detection of vascular abnormalities as a cause of bleeding. Vascular abnormalities including cerebral aneurysm or moyamoya disease were revealed with the aid of 3DCTA in 31 patients.³ The study by Goldstein et al does not provide sufficient evidence that 3DCTA can be used as a modality to detect the source of hemorrhage in patients with hyperacute stage ICH.¹

We would like the authors to comment on whether 3DCTA is also effective for diagnosing the cause of hemorrhage.

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Disclosure: The authors report no conflicts of interest.

Reply from the Authors: We thank Murai et al. for their comments. We are familiar with their work and their findings helped motivate our study. As in their institution, we typically use CT angiography to evaluate for secondary causes of intracerebral hemorrhage.⁴ However, this particular analysis focused exclusively on primary intracerebral hemorrhage, and excluded all patients in whom any secondary source was found (including vascular malformation, aneurysm, tumor, or moyamoya disease). Therefore, the yield of CTA for such findings was a topic beyond the scope of our investigation.

Joshua N. Goldstein, Steven M. Greenberg, Eric E. Smith, Michael H. Lev, Jonathan Rosand, Boston, MA

Disclosure: The authors report no conflicts of interest.

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CORRECTION

Randomized, blind, controlled trial of transdermal rotigotine in early Parkinson disease

In the article “Randomized, blind, controlled trial of transdermal rotigotine in early Parkinson disease” by R.L. Watts et al. (*Neurology* 2007;68:272–276), there is an error in figure 3. The y-axis should read “Mean Change in UPDRS Subtotal (II + III).” The authors regret the error.

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