with APS and have even been found in 27% of patients with APS.⁵ SREAT may occur in the absence of thyroid function abnormalities; MRI can be normal or reveal the presence of diffuse white matter changes, atrophy, or ischemic lesions.

Similar to APS, SREAT is responsive to steroid therapy.⁴ Although this condition is rare and its clinical manifestations are nonspecific, it should be included in the differential diagnosis of neuropsychiatric disorders in elderly patients, especially in association with APS.

K. Smida-Rynkowska, M.R. Belabed, M. Rynkowski, M. Vokaer, J.C. Bier, Brussels, Belgium

Disclosure: The authors report no disclosures.

Reply from the Authors: We thank Smida-Rynkowska et al. for their comments and agree that SREAT should be considered as a differential diagnosis of neuropsychiatric disorders. This diagnosis was included in our patient but antithyroid antibodies were negative in serum and in CSL.

Furthermore, our patient had a history of venous thrombosis, which is not usually associated with isolated SREAT. Thyroiditis encephalopathy is known

to have good response to steroids, but this is very unusual in neuropsychiatric symptoms related to a primary APS.

Severine Debiais, Tours, France

Disclosure: The author reports no disclosures.

Copyright © 2010 by AAN Enterprises, Inc.

1. Debiais S, Bonnaud I, Ferreira-Maldent N, Mercier E, de Toffol B. Neuropsychiatric disorders revealing primary antiphospholipid syndrome in an elderly patient. *Neurology* 2009;72:1362–1363.
2. Miesbach W. Neurologic symptoms as a feature of the antiphospholipid syndrome. *Semin Thromb Hemost* 2008;34:286–289.
3. Ahdab R, Thomas D. Palatal tremor, focal seizures, repeated miscarriages and elevated anti-thyroid antibodies. *Clin Neurol Neurosurg* 2008;110:381–383.
4. Wilcox RA, To T, Koukourou A, Frasca J. Hashimoto's encephalopathy masquerading as acute psychosis. *J Clin Neurosci* 2008;15:1301–1304.
5. De Carolis C, Greco E, Guarino MD, et al. Anti-thyroid antibodies and antiphospholipid syndrome: evidence of reduced fecundity and of poor pregnancy outcome in recurrent spontaneous aborters. *Am J Reprod Immunol* 2004;52:263–266.

CORRECTION

Calibrated finger rub auditory screening test (CALFRAS^T)

In the article “Calibrated finger rub auditory screening test (CALFRAS^T)” by D. Torres-Russotto et al. (*Neurology*[®] 2009;72:1595–1600), there were two errors. In table 2, the total true positive (TP) for CALFRAS^T-Strong70 was 92 and not 90. The correct number was printed in the Results section. In the Methods section, the correct CALFRAS^T measured intensity at 70 cm was a mean of 30 dB, not 31 dB. The authors regret the errors.

Neurology[®]

Calibrated finger rub auditory screening test (CALFRAS^T)

Neurology 2010;74;440

DOI 10.1212/WNL.0b013e3181d0bbc1

This information is current as of February 1, 2010

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/74/5/440.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.