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Ziad M.K. El-Zammar, Syracuse, NY; Steven R. Levine, Brooklyn, NY: Park et al.¹ suggest asymptomatic hemorrhagic transformation (AsxHT) may worsen outcome, as did Kimura et al.² Libman et al.³ did not find this relationship. There may be several explanations.

The definition of AsxHT by Park et al. used different radiologic and clinical criteria.⁴ Gradient echo MRI is more sensitive for deoxyhemoglobin than conventional MRI or CT. Cardiac embolism causes more severe stroke and frequent hemorrhagic transformation (HT) and is more commonly associated with worse outcomes. Perhaps adjusted analyses could not account for this. The adjusted odds ratio (OR) was 1.9 in all 6 cases of comparing modified Rankin Scale (mRS) scores, suggesting an identical contribution of AsxHT to each notch of worsening mRS across the full spectrum of mRS.

This is difficult to understand, especially since clinical judgment decided the contribution of HT to symptoms. The rate of thrombolysis based on the 3-month mRS—26% with mRS = 5 were thrombolized, vs 8% for each of mRS 0, 1, and 2, and 11%, 13%, and 15% for mRS = 3, 4, and 6—is notable. There may also be bias in who received thrombolysis based on baseline NIHSS. Controlling these prognostic factors is challenging, leaving this important issue open to further investigation.

Author Response: Hee-Joon Bae, Gyeonggi-Dong, Korea; Jung Hyun Park, Gyeongju, Korea; Juneyoung Lee, Seoul, Korea; Philip B. Gorelick, Chicago: We thank El-Zammar et al. for their com-

ments. A key point for the interpretation of table 3 is to focus on change of the adjusted ORs for explanatory variables with different cutoff values of the mRS score.¹ We used an ordinal logistic regression model to reflect the ordinal nature of the mRS in our analysis. The ordinal logistic regression model assumes that the odds of having higher mRS scores with AsxHT to those without AsxHT are constant across all cutoff values of the mRS.^{5–6} In our dataset, the proportional odds assumption was not satisfied for all variables. Therefore, the partial proportional odds model was employed and, as a result, the estimated ORs for variables not satisfying the assumption were varied according to a cutoff value of the mRS. The adjusted OR of 1.9 for AsxHT means that AsxHT was associated with a 1.9 times higher odds of resultant higher mRS scores than without AsxHT regardless of cutoff values of the mRS. Finally, in our study the rate of thrombolysis increased as the 3-month mRS score worsened. As mentioned in the article, we admit the possibility of residual confounding although we adjusted both variables in the model.

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CORRECTION

Nemaline myopathy with stiffness and hypertonia associated with an *ACTA1* mutation

In the Clinical/Scientific Note “Nemaline myopathy with stiffness and hypertonia associated with an *ACTA1* mutation” by R.K. Jain et al. (*Neurology*® 2012;78:1100–1103), there are 2 errors on page 1100. In the right-hand column, paragraph 3 should read “(Lys326Asn in the mature protein)” and paragraph 7 should read “. . . increased sensitivity to Ca²⁺ (figure, F).” The authors regret the errors.

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