axial and coronal image include either an R (for right) or an L (for left) on the appropriate side of the image.

Author Response: Giovanni Castelnovo, Jean P. Hladky, Dimitri Renard, Nimes, France: The authors thank Dr. Berg for his comments on our article. We confirm that the herniation itself was radiologically present on the left side as stated in the article. Motor deficit was present on the right side, which might indeed be confusing, as Dr. Berg stated. We did not further discuss this issue due to space limitations. Motor deficit contralateral to the side of the

herniation was probably related to distortion or traction on the right side of the spinal cord.

Editor's Note: My thanks to my colleague Mike Berg for pointing out a potentially confusing situation. His suggestion to indicate the side of the imaging is entirely reasonable. We will be making an addition to the Information for Authors.

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1. Castelnovo G, Hladky JP, Renard D. Spontaneous transdural spinal cord herniation. *Neurology* 2014;82:1290.

CORRECTION

IV thrombolysis and renal function

In the article "IV thrombolysis and renal function" by H. Gensicke et al. (*Neurology*® 2013;81:1780–1788), there is an error in the introduction. The third sentence should read: "In 2 studies, impaired kidney function was associated with unfavorable outcome after 3 months⁹⁻¹⁰ and in a third with diminished neurologic improvement after 7 days,¹¹ while a fourth study revealed no association between impaired kidney function and unfavorable in-hospital outcome.¹²" The authors regret the error.

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IV thrombolysis and renal function
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