group of cases who were asymptomatic and ≥75 years old. The major factor driving inappropriateness among asymptomatic patients was the degree of comorbid illness burden. Asymptomatic patients ≥75 years old had the same distribution of comorbidity compared with those <75 years old ($p = 0.98$). While age itself was not a factor in the appropriateness ratings, we found no differences in rates of inappropriate CEA comparing asymptomatic patients who were ≥75 years old to all other patients (8.2% vs 8.8%, $p = 0.34$).

Reclassifying all asymptomatic patients ≥75 years old as having uncertain appropriateness, as Dr. Chaturvedi discusses, would substantially raise the proportion considered uncertain (by shifting many patients out of the appropriate category). The proportion considered inappropriate would not change. Thus, our main finding, that since publication of the RCTs rates of CEA for inappropriate reasons fell from 32% to 8.6%, would not be affected.[1]

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Disclosure: The authors report no conflicts of interest.

1. Halm EA, Tuhrim S, Wang JJ, et al. Has evidence changed practice? Appropriateness of carotid endarterectomy after the clinical trials. Neurology 2007;68:187–194.
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CORRECTION

Paraplegia caused by invasive spinal aspergillosis

In the Neuro*Image* "Paraplegia caused by invasive spinal aspergillosis" by P.C. Karakousis (*Neurology* 2007;68:158), the fifth sentence should read as follows: "MRI studies revealed an edematous spinal cord from C5 through the conus with multiple high-signal T2 lesions (figure, A); postgadolinium T1 images (not shown) demonstrated multiple enhancing intramedullary masses."

The figure legend should read as follows:

Figure. (A) T2 weighted sagittal MRI of the spine 8 months after the onset of paraparesis, indicating multiple intradural, intramedullary masses (arrows); postgadolinium T1 images (not shown) demonstrated contrast enhancement in all lesions. (B) High-power view of spinal cord biopsy, demonstrating fungal hyphae consistent with Aspergillus species. Gomori methenamine silver stain.

The authors regret the error.

CORRECTION

Intramedullary spinal cord abscess in a healthy woman

In the Neuro*Image* "Intramedullary spinal cord abscess in a healthy woman" by A. Applebee et al. (*Neurology* 2007;68:1230), there is an error describing the images. All three of the images are fat-suppressed T1 postcontrast images. The figure legend should read as follows:

Figure. (A) Sagittal fat-suppressed T1 postcontrast MRI of the thoracic cord (day 1) demonstrates an intramedullary ring enhancing lesion at T8. (B) Sagittal T1 postcontrast (day 4) showing enlargement of the lesion extending superiorly to T3 and inferiorly to T11. (C) Sagittal T1 postcontrast image (1 year out) with resolving abnormal signal at T6-T9.

The authors regret the error.

CORRECTION

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