

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 inappropri-

ate reasons fell from 32% to 8.6%, would not be affected.¹

Ethan A. Halm, Stanley Tuhim, MD, Mark R. Chassin, MD, MPH, MPP, New York, NY

Disclosure: The authors report no conflicts of interest.

Copyright © 2007 by AAN Enterprises, Inc.

1. Halm EA, Tuhim S, Wang JJ, et al. Has evidence changed practice? Appropriateness of carotid endarterectomy after the clinical trials. *Neurology* 2007;68:187–194.
2. MRC Asymptomatic Carotid Surgery Trial (ACST) Collaborative Group. Prevention of disabling and fatal strokes by successful carotid endarterectomy in patients without recent neurological symptoms: randomised controlled trial. *Lancet* 2004;363:1491–1502.
3. Chaturvedi S, Bruno A, Feasby T, et al. Carotid endarterectomy: an evidence-based review. *Neurology* 2005;65:794–801.
4. Halm EA, Chassin MR, Tuhim S, et al. Revisiting the appropriateness and use of carotid endarterectomy. *Stroke* 2003;34:1464–1472.

CORRECTION

Paraplegia caused by invasive spinal aspergillosis

In the *NeuroImage* “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 *NeuroImage* “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.

Neurology[®]

CORRECTION

Neurology 2007;69;225

DOI 10.1212/01.wnl.0000278191.36662.77

This information is current as of July 9, 2007

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/69/2/225.1.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.

