

can not be faulted for the small sample size, which Dr. Stricker and Ms. Johnson blame for the poor statistical significance. The authors screened 3,368 patients to identify 37 subjects. Dr. Stricker criticized earlier studies⁸ that showed no benefit of prolonged treatment on the grounds that patients in those studies were ill an average of 3 years which is about a third of that in this study.

Dr. Stricker and Ms. Johnson's comparison of *Burgdorferi* to *Mycobacteria tuberculosis* repeats a common canard: comparing this extracellular, highly antibiotic-sensitive spirochete to an intracellular, often drug resistant, mycobacterium. Even in TB, patients are not subjected to the risk of 10+ weeks of intravenous access. Their assertions aside, it is acknowledged that standard treatment regimens are not 100% effective. Rather, it is clear from this and previous studies^{8,9} that prolonged courses of antibiotics are without significant merit and carry substantial risk.

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Disclosure: Dr. Halperin has served as a defense expert in cases alleging failure to diagnose or treat nervous system Lyme disease. Dr. Halperin holds equity in Abbott, Bristol Myers Squibb, Johnson & Johnson, Schering Plough, and Vasogen.

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CORRECTION

Surgical treatment of delayed epilepsy in hemiconvulsion-hemiplegia-epilepsy syndrome

In the article “Surgical treatment of delayed epilepsy in hemiconvulsion-hemiplegia-epilepsy syndrome” by D.W. Kim et al. (*Neurology*[®] 2008;70:2116–2122), there is an error in reference 27. The first author should be Auvin S instead of Aubin S. The reference should appear as follows:

27. Auvin S, Devisme L, Maurage CA, et al. Neuropathological and MRI findings in an acute presentation of hemiconvulsion-hemiplegia: a report with pathophysiologic implications. *Seizure* 2007;16:371–376.

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CORRECTION

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