

this would explain the puzzling finding in this study that MetS was significantly associated with both minimal (LA in periventricular regions) and advanced (LA in other subcortical regions) LA with similar odds.<sup>1</sup>

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**Reply from the Authors:** We thank Dr. Nandigam for his interest in our article. He describes the possibility of different radiologic occurrences of LA according to WM regions (periventricular or subcortical) when MetS was associated with generalized cerebrovascular damage.

We similarly speculated on this possibility. In our study, more than the half of minimal LA were punctations in subcortical regions. It is possible that in subcortical regions, the radiologic LA might not reflect progression of pathologic LA from a punctate to a confluent lesion. A new classification of LA may be necessary to describe the association with MetS, especially in the range of minimal LA.

Single or multiple punctations in the subcortical region and thickness of Cap in the periventricular regions

may be useful for the detailed classification. The influence of MetS upon LA progression was not adequately analyzed because the assessment of the duration of morbidity with MetS was not considered.

The answer to the puzzling finding of similar odds between advanced and minimal LA in association with MetS should be explored by a longitudinal study.

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*Disclosure:* The authors report no disclosures.

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### CORRECTION

#### Epilepsy-associated bone mineral density loss should be prevented

In the editorial “Epilepsy-associated bone mineral density loss should be prevented” by Edwin Trevathan (*Neurology*<sup>®</sup> 2008;70:166–167), Reference 5 is incorrect. This article cited was published in *Neurology*, not *Epilepsia*.

The correct reference is:

5. Mikati MA, Dib L, Yamout B, Sawaya R, Rahi AC, El-Hajj Fuleihan G. Two randomized vitamin D trials in ambulatory patients on anticonvulsants: impact on bone. *Neurology* 2006;67:2005–2014.

The authors regret the error.

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