

1. Goldstein LB, Amarenco P, Szarek M, et al, on behalf of the SPARCL Investigators. Hemorrhagic stroke in the Stroke Prevention by Aggressive Reduction in Cholesterol Levels study. *Neurology* 2008;70:2364–2370.
2. O’Keefe JH Jr, Cordain L, Harris WH, Moe RM, Vogel R. Optimal low-density lipoprotein is 50 to 70 mg/dL: lower is better and physiologically normal. *J Am Coll Cardiol* 2004;43:2142–2146.
3. The Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) Investigators. High-dose atorvastatin after stroke or transient ischemic attack. *N Engl J Med* 2006;355:549–559.
4. Wenger NK, Lewis SJ, Welty FK, et al, on behalf of the TNT Steering Committee and Investigators. Beneficial effects of aggressive low-density lipoprotein cholesterol lowering in women with stable coronary heart disease in the Treating to New Targets (TNT) study. *Heart* 2008;94:434–439.
5. Wenger NK, Lewis SJ, Herrington DM, Bittner V, Welty FK, for the Treating to New Targets Study Steering Committee and Investigators. Outcomes of using high- or low-dose atorvastatin in patients 65 years of age or older with stable coronary heart disease. *Ann Intern Med* 2007;147:1–9.
6. Sacco RL, Adams R, Albers G, et al. Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack. *Stroke* 2006;37:577–617.
7. Goldstein LB, Amarenco P, LaMonte M, et al. Relative effects of statin therapy on stroke and cardiovascular events in man and women. Secondary analysis of the Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) study. *Stroke* 2008;39:2444–2448.
8. Chaturvedi S, Zivin J, Breazna A, et al. Effect of atorvastatin in elderly patients with a recent stroke or transient ischemic attack. *Neurology* 2009;72:688–694.

### CORRECTION

#### Increased frequency of isolated cleft palate in infants exposed to lamotrigine during pregnancy

In the article “Increased frequency of isolated cleft palate in infants exposed to lamotrigine during pregnancy” by L.B. Holmes et al. (*Neurology*® 2008;70:2152–2158), rows 11 and 12 of table 2 were typeset incorrectly. The publisher regrets the error. The correct table follows.

**Table 2** All infants with major malformations

Malformations	No. (total = 19)
<b>Identified before fifth day of life (n = 16)</b>	
Oral clefts	5 (3 P, 2T)
Limb defects*	3 (2 P, 1T)
Heart defects	2 (2 P)
Anencephaly	1 (P)
Choanal atresia	1 (P)
Craniosynostosis	1 (P)
Holoprosencephaly	1 (P)
Hydrocephalus, ? etiology	1 (T)
Urethral obstruction-prune belly syndrome	1 (P)
<b>Total</b>	<b>16</b>
<b>Identified after fifth day</b>	
Inguinal hernia	3

\*Limb defects: terminal transverse limb defect below elbow (1); nubbins at M-P joint; missing fingers 2–4 (1); one toenail growing laterally (1).

P = pure prospective; T = traditional prospective.

# Neurology®

## **Increased frequency of isolated cleft palate in infants exposed to lamotrigine during pregnancy**

*Neurology* 2009;72;1449

DOI 10.1212/01.wnl.0000344302.64570.97

**This information is current as of April 20, 2009**

### **Updated Information & Services**

including high resolution figures, can be found at:  
<http://n.neurology.org/content/72/16/1449.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](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.

