context-dependent and hypothesis-driven.[3] The working diagnosis in Dr. Kim's case should have been to exclude vertebral artery dissection given the clinical context. It is the right diagnosis but the reasoning is flawed.

*Timothy J. Counihan, Jennifer Dineen, Galway, Ireland*

*Disclosure:* The authors report no disclosures.

**Reply from the Author:** I thank Drs. Counihan and Dineen for their interest in my article.[1] Given the history of neck massage and sudden severe headache with a focal neurologic deficit, they contend that vertebral artery dissection and cerebral aneurysm should be initially considered in the differential diagnosis.

Drs. Counihan and Dineen correctly note that clinical reasoning should be context-dependent and hypothesis-driven, but they did not consider all the information required for clinical reasoning in my patient. My patient had isolated horizontal diplopia 1 week after the neck massage. Even though vertebral artery dissection may be possible in a patient with headache and focal neurologic signs after neck massage, isolated horizontal diplopia as a focal neuralgic deficit should be an exception in vertebral artery dissection.[4] Vertebral artery dissection often causes dizziness and focal neurologic signs from the lateral medulla.[4] It would also be unusual that horizontal diplopia would develop 1 week after the aneurysmal rupture without headache in an otherwise healthy young woman.

As Drs. Counihan and Dineen indicated, sudden severe headache after neck massage is unusual in IIH.[2] I included vertebral artery dissection and aneurysmal rupture in the differential diagnosis of the patient.[1] I believe that IIH should be the top differential in this young obese woman with symptoms and signs of increased intracranial pressure without other focal neurologic deficits, irrespective of suddenness or severity of the headache. Furthermore, since IIH is a diagnosis of exclusion, there is little risk. Although medical adage is useful and informative, it should be interpreted with caution in individual patients.

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## CORRECTION

**Effect of neutralizing antibodies on biomarker responses to interferon beta: The INSIGHT study**

In the article "Effect of neutralizing antibodies on biomarker responses to interferon beta: The INSIGHT study" by A.R. Pachner et al. (*Neurology*® 2009;73:1493–1500), in figure 2, the key was mislabeled. Gray bars actually represent BAb−/Nab− and black bars BAb+/NAB−. The editorial staff regrets this error.

# Effect of neutralizing antibodies on biomarker responses to interferon beta: The INSIGHT study

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