

resolution is an important attribute. As Dr. Zhu noted, advances in US technology permit visualization of nerve structures that was not possible a decade ago. Finally, as our editorial and Dr. Zhu highlight, real-time dynamic scanning of nerves is a critical advantage over MRI. All these considerations further confirm the utility of US in the evaluation of peripheral nerve disease.

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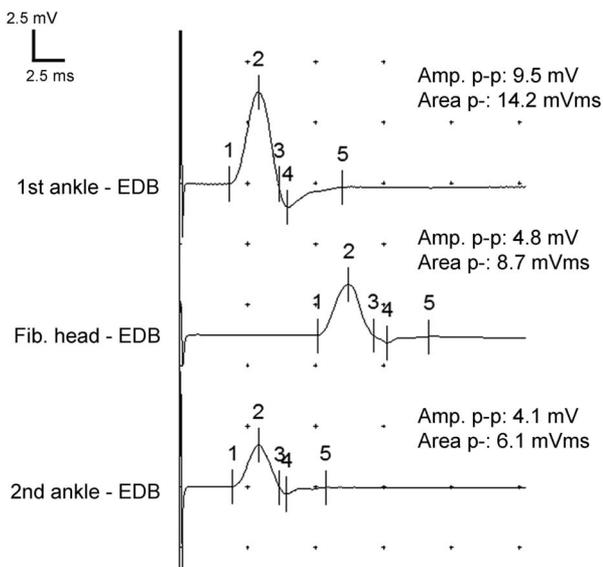
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CORRECTION

Clinical Reasoning: A 62-year-old man with right wrist drop

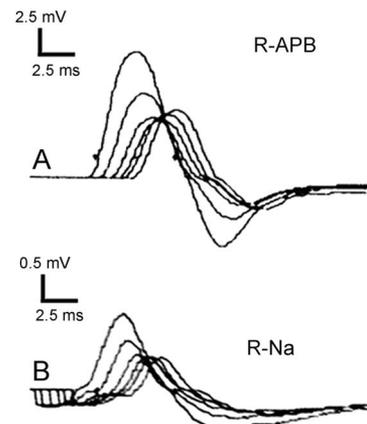
In the Resident & Fellow article “Clinical Reasoning: A 62-year-old man with right wrist drop” by G. Cirillo et al. (*Neurology*® 2013;81:e81–e84), there is an error in the corresponding author’s title, which should have read Prof. Tedeschi, as well as errors involving the figure. The published figure should have been split into 2 figures and the first y-axis label in figure 1, panel A, should have read “1st ankle – EDB.” See corrected figures with titles and legends below. The publisher regrets the errors.

Figure 1 Nerve conduction study findings of right deep peroneal nerve



Distal nerve stimulation at ankle from extensor digitorum brevis (EDB) resulted in a normal compound muscle action potential (CMAP); subsequent single proximal stimulus at fibular head showed a significant drop of CMAP amplitude and area, which was still evident at the second single distal stimulus. Amp. p-p = amplitude measured at peak to peak; Area p- = area of negative peak; Fib. head = fibular head.

Figure 2 Repetitive nerve stimulation test findings



3-Hz repetitive nerve stimulation of the right median to abductor pollicis brevis (R-APB) (A) and right facial to nasalis (R-Na) (B) muscles showed significant decrement in both muscles.

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