

**Editors' Note:** In reference to "Susceptibility-weighted MRI in mild traumatic brain injury," Dr. Wong and authors Huang and Chen discuss the reliability of the study's CT imaging in differentiating small microbleeds from calcifications and the potential limitation of missing calcifications smaller than 5 mm.

—Megan Alcauskas, MD, and Robert C. Griggs, MD

### SUSCEPTIBILITY-WEIGHTED MRI IN MILD TRAUMATIC BRAIN INJURY

**Peter K. Wong, Vancouver, Canada:** Huang et al.<sup>1</sup> defined microbleeds as hypodense lesions less than 5 mm. The authors ruled out calcification using CT but how reliable is their CT scanner in detecting calcification lesions smaller than 5 mm? If such small lesions are undetected on CT and detected on MRI, then it would constitute a false-positive. Can the authors estimate what this figure might be?

**Author Response: Yen-Lin Huang, Chi-Jen Chen, Taipei, Taiwan:** We thank Dr. Wong for his question. As most mild traumatic brain injury-associated microbleeds are located at the cortical/subcortical region of the brain, it is rare for physiologic calcifications to occur at this location. In addition, pathologic calcifications are excluded at the initial inclusion stage. The slice thickness of our brain CT is 5 mm without interslice gap so partial volume effect is minimal and a calcification greater than 2 mm would

be detectable by experienced radiologists. Only calcifications less than 2 mm may be undetectable on CT and constitute false-positives. Even if this exists, this false-positive would have equally affected both groups because this study is a case-control study and would not cause significant difference in the results.

**Peter K. Wong, Vancouver, Canada:** I thank Huang et al.<sup>1</sup> for their reply. While thorough, the reply generated a new question: what are the voxel dimensions of the CT scan? I do not believe that blinded, a lesion of 2 mm could be recognized even if the CT slice thickness is 5 mm. Any missed calcification of 5 mm or less would cause a confounding effect, which is likely not zero. Further studies may provide the necessary clarification.

**Author Response: Chi-Jen Chen, Yen-Lin Huang, Taipei, Taiwan:** The voxel dimension of our CT scan was 1.19 mm<sup>3</sup>. Despite slice thickness of 5 mm without interslice gap on our brain CT, it is true that some tiny calcifications less than 5 mm can be missed, and thus the false-positive rate is likely not zero, as Dr. Wong mentioned. We thank Dr. Wong for the comment and will include this factor into the limitation section of our related future studies.

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1. Huang YL, Kuo YS, Tseng YC, Chen DY, Chiu WT, Chen CJ. Susceptibility-weighted MRI in mild traumatic brain injury. *Neurology* 2015;84:580–585.

### CORRECTION

#### Neurofilament light chain: A prognostic biomarker in amyotrophic lateral sclerosis

In the article "Neurofilament light chain: A prognostic biomarker in amyotrophic lateral sclerosis" by C.-H. Lu et al. (*Neurology*® 2015;84:2247–2257), there is an omission in the Study Funding section, which should read: "A.M. is funded by the Medical Research Council (MR/M015882/1)." The authors regret the omission.

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## Neurofilament light chain: A prognostic biomarker in amyotrophic lateral sclerosis

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