Quinidine-associated skin discoloration in *KCNT1*-associated pediatric epilepsy

Figure Skin discoloration after 9 months of quinidine use

The patient developed bluish discoloration of the hands, feet, and lips in a similar distribution to that seen in ezogabine-related skin discoloration. The sclerae were not affected. A dilated retinal examination has not been performed due to the severity of the patient's illness.

A 9-month-old boy with migrating partial seizures of infancy due to a de novo *KCNT1* mutation c.2278A>T (p.Ile760Phe) developed bluish discoloration of the hands, feet, and lips (figure) during a 9-month trial of quinidine (40 mg/kg/d; level 3.4 µg/mL).¹ There was no exposure to other medications that cause pigmentary changes. Given minimal improvement in seizures and development, quinidine was stopped. Discoloration persisted at 3 months but markedly improved by the 6-month follow-up. Though common with other potassium channel blockers (ezogabine and quinine), such discoloration has only rarely been reported with quinidine, all in adults.² Epileptologists should be aware of this potential complication of quinidine therapy.

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Author contributions: Fiona Baumer: prepared manuscript and took photographs. Maureen Sheehan: critically revised manuscript.

Study funding: Fiona Baumer is supported by a KL2 Mentored Career Development Award of the Stanford Clinical and Translational Science Award to Spectrum (NIH KL2 TR 001083) and UL1 TR 001085.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Neurology 2017;89;2212

DOI 10.1212/WNL.0000000000004674

This information is current as of November 20, 2017

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Quinidine-associated skin discoloration in *KCNT1*-associated pediatric epilepsy

Neurology® 2018;90:1084. doi:10.1212/WNL.0000000000005628

In the NeuroImage “Quinidine-associated skin discoloration in *KCNT1*-associated pediatric epilepsy” by Baumer and Sheehan,¹ there is an error in the second to last sentence, which should have referred to ezobagine and quinine as potassium channel agents rather than potassium channel blockers as originally published. The authors regret the error.

Reference

1. Baumer FM, Sheehan M. Quinidine-associated skin discoloration in *KCNT1*-associated pediatric epilepsy. *Neurology* 2017;89:2212.

The genetic basis of undiagnosed muscular dystrophies and myopathies: Results from 504 patients

Neurology® 2018;90:1084. doi:10.1212/WNL.0000000000005192

In the article “The genetic basis of undiagnosed muscular dystrophies and myopathies: Results from 504 patients” by M. Savarese et al.,¹ there is an error in the 21st author’s name, which should have read “Simone Sampaolo” rather than “Simone Sanpaolo” as originally published. The authors regret the error.

Reference

1. Savarese M, Di Fruscio G, Torella A, et al. The genetic basis of undiagnosed muscular dystrophies and myopathies: Results from 504 patients. *Neurology* 2016;87:71–76.

Outcome of intracerebral hemorrhage associated with different oral anticoagulants

Neurology® 2018;90:1084. doi:10.1212/WNL.0000000000004976

In the article “Outcome of intracerebral hemorrhage associated with different oral anti-coagulants” by D. Wilson et al.,¹ there are typographical errors in the rate of hematoma expansion within the study cohorts. The second to last sentence of the Abstract should read “...the rate of HE (NOAC-ICH n = 19/48 [40%] vs VKA-ICH n = 47/140 [34%])” rather than “29/48 [40%]” and “93/140 [34%],” respectively, as originally published. Likewise, the third sentence under “Secondary outcomes” in the Results section should read “... and did not vary by anticoagulant type (NOAC-ICH 19/48 40% vs VKA-ICH 47/140 34%, $p = 0.45$)” rather than “29/48 40%” and “93/140 34%” as originally published. The authors regret the errors.

Reference

1. Wilson D, Seiffge DJ, Traenka C, et al. Outcome of intracerebral hemorrhage associated with different oral anticoagulants. *Neurology* 2017;88:1693–1700.