A 7-year-old girl with MEGD(H)EL [3-methylglutaconic aciduria, dystonia-deafness, (hepato
topathy), encephalopathy, Leigh-like syndrome, SERAC1]\superscript{1} presented with worsening re
spiratory compromise. The evaluation showed type II respiratory failure (e.g., hypercapnic) ne
cessitating mechanical ventilation. Cerebral MRI demonstrated progression of known changes in MEGD(H)EL (Figure, A and B) and symmetric nucleus tractus solitarius (NTS)
involvement (Figure, C and D). She was ventilator dependent and subsequently died from the effect of the disease.

Bilateral NTS involvement is a rare occurrence in a neurologic setting.\(^2\) NTS plays a crucial role in the continuous modulation of chemoreceptor-mediated respiration and other respiratory reflexes.\(^2\) This case illustrates the neuroimaging correlation of central neurogenic respiratory failure.

**Study Funding**
The authors report no targeted funding.

**Disclosure**
B. Parayil Sankaran reports receipt of the clinical research fellowship from Mito Foundation Australia. S.B. Wortmann, M.A. Willemsen, and S. Balasubramaniam report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

**References**
Teaching NeuroImage: Bilateral Nucleus Tractus Solitarius Lesions in Neurogenic Respiratory Failure

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Neurology 2022;98:e103-e104 Published Online before print August 10, 2021
DOI 10.1212/WNL.0000000000012614

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CORRECTION & REPLACEMENT

Teaching NeuroImage: Bilateral Nucleus Tractus Solitarius Lesions in Neurogenic Respiratory Failure

In the Resident & Fellow Section Teaching NeuroImage “Bilateral Nucleus Tractus Solitarius Lesions in Neurogenic Respiratory Failure” by Parayil Sankaran et al., the second author’s name should be spelled “Saskia B. Wortmann.” The article has been replaced by a corrected version. The authors regret the error.

REFERENCE