A 7-year-old girl with MEGD(H)EL [3-methylglutaconic aciduria, dystonia-deafness, (hepatopathy), encephalopathy, Leigh-like syndrome, SERAC1] presented with worsening respiratory compromise. The evaluation showed type II respiratory failure (e.g., hypercapnic) necessitating 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. NTS plays a crucial role in the continuous modulation of chemoreceptor-mediated respiration and other respiratory reflexes. This case illustrates the neuroimaging correlation of central neurogenic respiratory failure.

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

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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.¹, 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 The article has been replaced by a corrected version.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