involvement likely including the thalami bilaterally to also account for her coma. Furthermore, if these lesions were indeed present, they would likely be picked up on CT scan, given that her symptomatology was progressive for 3 days prior to obtaining the study. Based on our experience, the clinical recovery began too rapidly for metabolic encephalopathies causing changes in the basal ganglia.

Disclosures: See original article for full disclosure list.

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CORRECTION

Neurogenetics: Five new things

In the article “Neurogenetics: Five new things” by S. Jayadev et al. (*Neurology® Clinical Practice* 2011;1:41–48), there is an omission in figure 2, which should read “The copyright for this figure is held by the University of Washington.” The editorial staff regrets the omission.

CORRECTION

Treating patients with medically resistant epilepsy

In the article “Treating patients with medically resistant epilepsy” by Gregory L. Krauss and Michael R. Sperling (*Neurology® Clinical Practice* 2011;1:14–23), there is an error in the second to last line in table 3. “Corpus callosotomy (anterior 66% to 80%)” should be listed as another bullet point under treatment for “Severe symptomatic forms of epilepsy” below “Third-line adjunctive therapies.” The publisher regrets the error.

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CORRECTION: Neurogenetics: Five new things

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