

therapy. It remains difficult to predict which patients have a high loop gain phenotype and are at the highest risk for developing complex sleep apnea refractory to CPAP. While stroke is a known risk factor for central sleep apnea, whether stroke is also a risk factor for high loop gain is unknown. Thus, although complex sleep apnea may limit adherence, whether stroke is associated with an increased risk of this phenomena requires further study.

Disclosures: A. Davis was involved with a commercially sponsored clinical trial: PARTNER II Trial (“Placement of Aortic Transcatheter Valves Trial”) sponsored by Edwards Lifesciences. M. Billings has received a post-MD HSRD Fellowship from the Department of Veterans Affairs, Office of Research and Development, Health Services Research & Development. W.T. Longstreth, Jr., is a coinvestigator on several NIH-funded studies. S. Khot serves on the editorial board of *Neurohospitalist* and as a Section Editor of *Clinical Pathological Conferences* and *Clinical Problem Solving*.

Correspondence to: apd77@uw.edu

1. Davis AP, Billings ME, Longstreth WT, Khot SP. Early diagnosis and treatment of obstructive sleep apnea after stroke: are we neglecting a modifiable stroke risk factor? *Neurol Clin Pract* 2013;3:192–201.
2. Thomas RJ, Terzano MG, Parrino L, Weiss JW. Obstructive sleep-disordered breathing with a dominant cyclic alternating pattern: a recognizable polysomnographic variant with practical clinical implications. *Sleep* 2004;27:229–234.
3. Morgenthaler TI, Kagramanov V, Hanak V, Decker PA. Complex sleep apnea syndrome: is it a unique clinical syndrome? *Sleep* 2006;29:1203–1209.
4. De Paolis F, Milioli G, Grassi A, Riccardi S, Parrino L, Terzano MG. Acute shift of a case of moderate obstructive sleep apnea syndrome towards one of severe central sleep apnea syndrome after an ischemic stroke. *Sleep Med* 2012;763–766.
5. Wessendorf TE, Teschler H, Wang YM, Konietzko N, Thilmann AF. Sleep-disordered breathing among patients with first-ever stroke. *J Neurol* 2000;247:41–47.
6. Parra O, Arboix A, Bechich S, et al. Time course of sleep-related breathing disorders in first-ever stroke or transient ischemic attack. *Am J Respir Crit Care Med* 2000;161:375–380.
7. Ryan CM, Bayley M, Green R, Murray BJ, Bradley TD. Influence of continuous positive airway pressure on outcomes of rehabilitation in stroke patients with obstructive sleep apnea. *Stroke* 2011;42:1062–1067.
8. Hudge DW, Gordon EA, Thanakitcharu S, Bruce EN. Instability of ventilator control in patients with obstructive sleep apnea. *Am J Respir Crit Care Med* 1998;158:1142–1149.
9. Javaheri S, Smith J, Chung E. The prevalence and natural history of complex sleep apnea. *J Clin Sleep Med* 2009;5:205–211.
10. Dernaika T, Tawk M, Nazir S, Younis W, Kinasewitz GT. The significance and outcome of continuous positive airway pressure-related central sleep apnea during split-night sleep studies. *Chest* 2007;132:81–87.

ERRATUM

Contraindications to intravenous rtPA for acute stroke: A critical reappraisal

In the article “Contraindications to intravenous rtPA for acute stroke: A critical reappraisal” by A. A. Rabinstein and J.E. Fugate (*Neurol Clin Pract* 2013;3:177–185), clarification is needed in the summary/introduction. The statistic that 1%–5% of stroke patients are treated with rtPA uses the total of all admitted Medicare patients as the denominator, regardless of the time-to-presentation.^{1,2} In stroke centers that report data to large registries, the more accurate statistic is closer to 20%.³ The authors regret any confusion.

1. Kleindorfer D, de los Rios La Rosa F, Khatri P, et al. Temporal trends in acute stroke management. *Stroke* 2013;44(6 suppl 1):S129–S131.
2. Nasr DM, Brinjikji W, Cloft HJ, et al. Utilization of intravenous thrombolysis is increasing in the United States. *Int J Stroke Epub* 2012 Aug 9.
3. De Los Rios la Rosa F, Khoury J, Kissela BM, et al. Eligibility for Intravenous Recombinant Tissue-Type Plasminogen Activator Within a Population: The Effect of the European Cooperative Acute Stroke Study (ECASS) III Trial. *Stroke* 2012;43:1591–1595.

Neurology® Clinical Practice

Contraindications to intravenous rtPA for acute stroke: A critical reappraisal

Neurol Clin Pract 2013;3;371
DOI 10.1212/01.CPJ.0000435706.04846.53

This information is current as of October 14, 2013

Updated Information & Services	including high resolution figures, can be found at: http://cp.neurology.org/content/3/5/371.full.html
References	This article cites 2 articles, 2 of which you can access for free at: http://cp.neurology.org/content/3/5/371.full.html##ref-list-1
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://cp.neurology.org/misc/about.xhtml#permissions
Reprints	Information about ordering reprints can be found online: http://cp.neurology.org/misc/addir.xhtml#reprintsus

Neurol Clin Pract is an official journal of the American Academy of Neurology. Published continuously since 2011, it is now a bimonthly with 6 issues per year. Copyright © 2013 American Academy of Neurology. All rights reserved. Print ISSN: 2163-0402. Online ISSN: 2163-0933.

