

### High lipoprotein (a), diabetes, and the extent of symptomatic intracranial atherosclerosis

In the article “High lipoprotein (a), diabetes, and the extent of symptomatic intracranial atherosclerosis” (*Neurology* 2004;63:27–32) by Arenillas et al., there were errors in figures 1 and 2. In figure 1, the final value for “Number of intracranial stenoses” on the horizontal axis should be >2. In figure 2, the first label on the horizontal axis should be “Lp (a) (↓) No DM.” The corrected figures are shown below. The publisher apologizes for the errors.

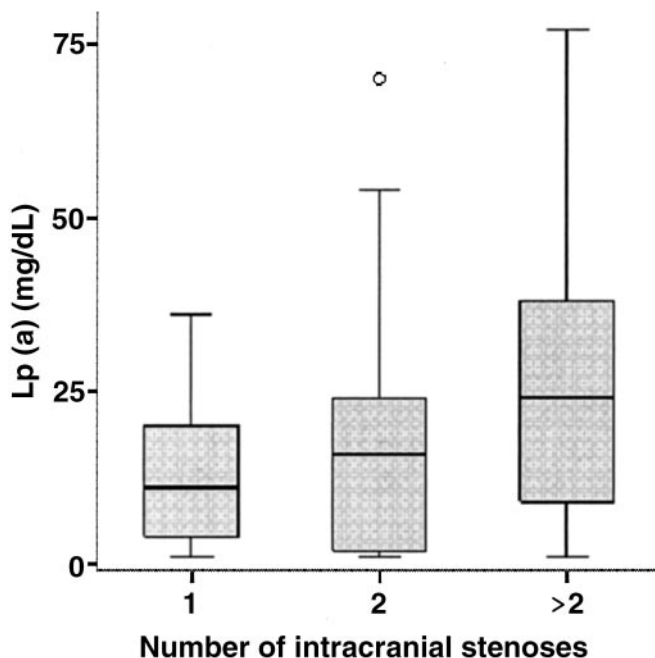


Figure 1. Median lipoprotein (a) (Lp[a]) serum level increases gradually with the number of intracranial stenoses ( $p = 0.02$ , Kruskal–Wallis test).

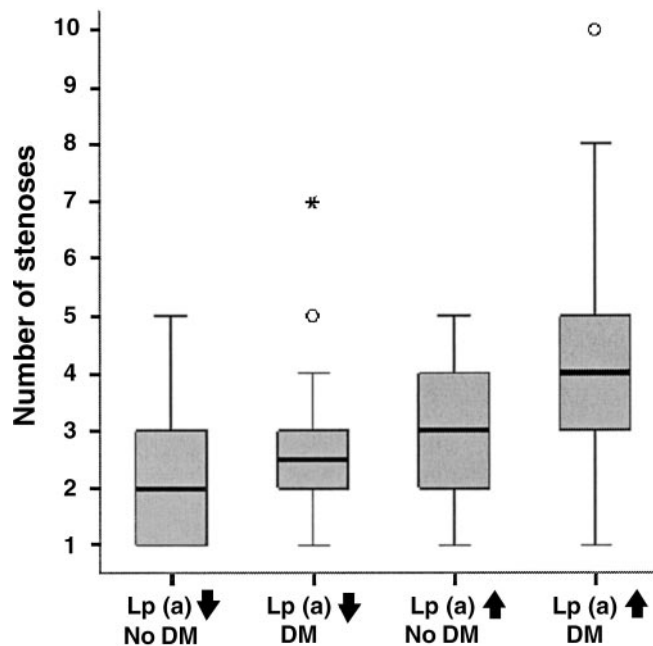


Figure 2. Potential interaction between lipoprotein (a) (Lp[a]) serum level and diabetes mellitus (DM), both independent markers of the extent of intracranial large-artery occlusive disease. The number of intracranial stenoses increases gradually in the different categories shown in the graph and reaches its maximum in diabetic patients with a high Lp(a) level ( $p = 0.001$ , Kruskal–Wallis test). Arrows indicate low (↓) and high (↑) Lp(a) levels (see text); circles indicate outlier values and stars extreme values.

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*Neurology* 2004;63;944  
DOI 10.1212/WNL.63.5.944

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