

Though LEMS is considered a disorder with a number of different manifestations, including weakness of extremity, bulbar and eye muscles, hyporeflexia, and autonomic dysfunction,^{2,4} both this article and the comments by Wirtz et al. point out the importance of considering the diagnosis when just fragments of the more traditional presentation occur.

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Disclosure: The author reports no conflicts of interest.

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1. Rudnicki SA. Lambert-Eaton myasthenic syndrome with pure ocular weakness. *Neurology* 2007;68:1863–1864.
2. Wirtz PW, Sotodeh M, Nijhuis M, et al. Difference in distribution of muscle weakness between myasthenia gravis and the Lambert-Eaton myasthenic syndrome. *J Neurol Neurosurg Psychiatry* 2002;73:766–768.
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4. O'Neill JH, Murray NMF, Newsome-Davis J. The Lambert-Eaton myasthenic syndrome. *Brain* 1988;11:577–596.

CORRECTION

San Francisco/Oakland Bay Bridge Welder Study: Olfactory function

In the article “San Francisco/Oakland Bay Bridge Welder Study: Olfactory Function” by Marcelo B. Antunes et al. (*Neurology*[®] 2007;69:1278–1284), there is a discrepancy between the abstract and the text. The authors wrote that the mean (SEM) UPSIT score of the welders was 29.51 (0.90) and for the matched controls it was 36.55 (0.88). In the text, however, they wrote that these values were 29.62 (0.98) and 36.90 (0.26), respectively. The means referred to in the abstract were the raw means and those in the text were the adjusted means after the two subjects who failed the TOMM test were excluded. The authors regret the error.

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CORRECTION

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