

N20. Two more recent studies on N20 in cardiac arrest patients have found 0% false-positive rates (reporting on 13 and 33 patients, respectively).<sup>3,6</sup>

In view of these recent studies, we agree with Dr. Rothstein that SSEPs are a valuable prognostic parameter, even in hypothermia patients. Pooled analysis of the mentioned SSEP studies on hypothermia patients<sup>1,2,3,6</sup> gives a 1.2% false-positive rate (1/85), which falls within the 95% confidence interval for nonhypothermia patients.<sup>8</sup>

However, a potential bias remains. As prognostic parameters established in nonhypothermia patients are used for treatment decisions, studies on hypothermia patients could become a self-fulfilling prophecy<sup>6</sup>; if bilateral negative N20 leads to withdrawal of care, its predictive value for poor outcome might be overestimated.

While recent studies—including our own—suggest that only a small minority of patients may recover despite absent N20, it is important to establish this fact more reliably. Finally, the timing of SSEP recordings after cardiac arrest should be reevaluated to avoid false decisions in individual patients.

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*Disclosure:* See original article for full disclosure list.

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## CORRECTION

### Clinical and biochemical features of aromatic L-amino acid decarboxylase deficiency

In the article “Clinical and biochemical features of aromatic L-amino acid decarboxylase deficiency” by L. Brun et al. (*Neurology*® 2010;75:64–71), there was a dosage error in the article text, in the Discussion, related to the dosage of trihexyphenidyl. On page 69, the section beginning with the 6th sentence of the second full paragraph on that page should read: “The therapy with trihexyphenidyl should start at a dosage of 0.03 mg/kg per day, divided in 3 doses. The dosage should then be increased by 0.03 mg/kg per day each week until the child shows any improvement, the child develops side effects, or a limit of 0.5 mg/kg per day is reached. In adolescents and adults, total daily doses exceeding 15 mg should be used with caution.” The authors regret the error. This error was corrected online on July 28, 2010.

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