

not, which suggests the possibility of additional unknown risk factors.

In our report,¹ the patient experienced PRIS and was diagnosed with concomitant mitochondrial disease. Even though the use of propofol may seem reassuring in the setting of general anesthesia in patients with mitochondrial disease,^{2,3} most of these patients were exposed to a single bolus of the drug. It is still unclear how propofol may have affected the mitochondrion in the case we described but it is unlikely to be a coincidence. The safety profile of propofol in the presence of mitochondrial disease should be reconsidered, and a diagnosis of mitochondrial disease should be suspected in the context of PRIS.

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CORRECTION

Correction: Copy number variants are frequent in genetic generalized epilepsy with intellectual disability

In the correction “Correction: Copy number variants are frequent in genetic generalized epilepsy with intellectual disability” (*Neurology*[®] 2013;81:2148), one name of the authors noted as inadvertently omitted from the original article’s byline was misspelled. The author names should have been spelled Holger Trucks, PhD, Dennis Lal, MSc, and Thomas Sander, MD. The *Neurology*[®] editorial office regrets the error.

Author disclosures are available upon request (journal@neurology.org).

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Correction: Copy number variants are frequent in genetic generalized epilepsy with intellectual disability

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