are common and nonspecific symptoms. True transient obscurations are more indicative of intracranial hypertension than another condition but may also be confused with transient visual loss occurring with migraine by clinicians who are not familiar with the description of this symptom.

The validity of diagnosing the syndrome of intracranial hypertension without papilledema has been contentious as long as we have been in the field of neuro-ophthalmology. The previous criteria do not directly address the diagnosis of IIH without papilledema, which has become pervasive in the world of headache medicine with unintended consequences. Allowing a diagnosis based on headache and elevated CSF pressure alone leads to false-positive and erroneous diagnoses and potentially unnecessary surgical interventions and incorrect medical treatments. Finally, the older criteria do not address the common scenario of an obese female patient with optic disc swelling, normal imaging, but an opening pressure of 190 mm of CSF.

Most experienced clinicians would consider the measured opening pressure in this case to be falsely low, given the characteristic clinical presentation, and treat the patient as if she had elevated intracranial pressure. The newly proposed criteria allow for a "probable" diagnosis of IIH syndrome in such instances.

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CORRECTION

Hemodynamic Changes Associated with Interictal Epileptiform Activities Using Simultaneous Video Electro-encephalography (EEG)/Near Infrared Spectroscopy (NIRS) in Patient Self Control Study (P4.330)

In the abstract "Hemodynamic Changes Associated with Interictal Epileptiform Activities Using Simultaneous Video Electro-encephalography (EEG)/Near Infrared Spectroscopy (NIRS) in Patient Self Control Study (P4.330)" by K. Sannagowdara (*Neurology*® 2014;82:P4.330), the author list is incomplete. The byline should read "Kumar Sannagowdara, MD, Sugandha Kirankumar, MD, Pyria Monrad, MD, Kurt Hecox, MD, Michael Schwabe, MD, Michael Meyer, MD, Jenna Prigge, NP, Russ Lemke, BS, Briana Horn, CRC, Harry Whelan, MD." The AAN staff regrets the omission.

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

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