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A COMPARISON OF TAU AND 14-3-3 PROTEIN IN THE DIAGNOSIS OF CREUTZFELDT-JAKOB DISEASE

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Hamlin et al.¹ compared validities of 2 commonly used CSF tests for sporadic Creutzfeldt-Jakob disease (sCJD)—14-3-3 and total tau—and presented results contrary to previous studies.^{1–4} The present study is restricted to autopsy-confirmed cases, which seems reasonable, since neuropathology is the diagnostic gold standard in sCJD. However, using only autopsy-confirmed cases can also cause severe selection bias in a prospective setting, given that these tests are frequently requested in potentially treatable conditions.^{2,3} In the present study, clinicians were given results of 14-3-3 but not tau tests during the patient's lifetime. Autopsies were obtained in fewer than 10% of all initially referred patients. Thereby, decision about initiation of

postmortem autopsy was directly dependent on 14-3-3 but not tau results. It seems a fair assumption that patients with CJD and negative 14-3-3 as well as patients without CJD and positive 14-3-3 were more likely to be autopsied than patients with consistent clinical history and 14-3-3 test results. Thereby, specificity and sensitivity of 14-3-3 are underestimated in this study design, which could explain differences in 14-3-3 validity when compared to previous studies. A final decision on test accuracy of 14-3-3 and total tau needs careful assessment in a prospective, multi-center study using standardized protocols for laboratory, clinical, and pathologic data.⁵

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CORRECTIONS

Teaching *NeuroImages*: Basal ganglia involvement in facio-brachial dystonic seizures associated with LGI1 antibodies

In the article “Teaching *NeuroImages*: Basal ganglia involvement in facio-brachial dystonic seizures associated with LGI1 antibodies” by D. Plantone et al. (*Neurology*® 2013;80:e183–e184), figures 1 and 2 were transposed and should be reversed. The publisher regrets the error.

Severe congenital *RYR1*-associated myopathy: The expanding clinicopathologic and genetic spectrum

In the article “Severe congenital *RYR1*-associated myopathy: The expanding clinicopathologic and genetic spectrum” by D. Bharucha-Goebel et al. (*Neurology*® 2013;80:1584–1589), there is an error in the author list. The fourth author should have read Kristen Zukosky. The editorial staff regrets the error.

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