Erratum

AJNR Am J Neuroradiol 2007, 28 (5) 807
http://www.ajnr.org/content/28/5/807

highest sensitivity in the detection of spinal cord abnormalities, may be the STIR-FSE sequence. We think that future studies evaluating the diagnostic accuracy of diffusion tensor imaging in the detection of spinal cord abnormalities should include STIR-FSE sequences.

References

1. Renoux J, Facon D, Fillard P, et al. **MR diffusion tensor imaging and fiber tracking in inflammatory diseases of the spinal cord.** *AJNR Am J Neuroradiol* 2006;27:1947–51
2. Facon D, Ozanne A, Fillard P, et al. **MR diffusion tensor imaging and fiber tracking in spinal cord compression.** *AJNR Am J Neuroradiol* 2005;26:1587–94
3. Campi A, Pontesilli S, Gerevini S, et al. **Comparison of MRI pulse sequences for investigation of lesions of the cervical spinal cord.** *Neuroradiology* 2000;42:669–75
4. Rocca MA, Mastronardo G, Horsfield MA, et al. **Comparison of three MR sequences for the detection of cervical cord lesions in patients with multiple sclerosis.** *AJNR Am J Neuroradiol* 1999;20:1710–16

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Reply:

Short τ inversion recovery (STIR) MR imaging has a better sensitivity to detect spinal cord lesions compared with regular spin-echo (SE) T2-weighted imaging as stated in this letter. The purpose of our work in the 2 cited articles[1,2] was mostly based on how diffusion tensor imaging (DTI) and fractional anisotropy (FA) could help locate lesions within the spinal cord and, at the same, how to better understand the pathophysiology of inflammatory myelitis as well as spinal cord compressions. Sensitivity of MR SE T2-weighted imaging sequences was only assessed to hypothesize pathophysiologic patterns of these diseases. Indeed, our observations led us to draw a scheme of FA value changes that may correlate with patient outcome. If conventional MR imaging sequence sensitivity plays an important role in detecting spinal cord lesions, this sensitivity could not be used to assess understanding of the neuronal cluster regeneration that occurs in such diseases, contrary to the use of DTI and FA values. We used SE T2-weighted imaging instead of STIR because we focused more on pathophysiology than on MR imaging accuracy.

The authors of the letter are right: STIR is better than SE T2. However, only DTI, FA, and fiber tracking may help to understand these diseases at the water molecule level.

References

1. Renoux J, Facon D, Fillard P, et al. **MR diffusion tensor imaging and fiber tracking in inflammatory diseases of the spinal cord.** *AJNR Am J Neuroradiol* 2006;27:1947–51
2. Facon D, Ozanne A, Fillard P, et al. **MR diffusion tensor imaging and fiber tracking in spinal cord compression.** *AJNR Am J Neuroradiol* 2005;26:1587–94

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The authors regret the following errors that appeared in "A Preliminary Report of Brain Edema in Patients with Uremia at First Hemodialysis: Evaluation by Diffusion-Weighted MR Imaging" (*AJNR Am J Neuroradiol* 2007;28:68–71):

1. The first author, C.L. Chen, is affiliated with Division of Nephrology, Kaohsiung Veterans General Hospital, Kaohsiung and the Department of Medicine, National Yang-Ming University School of Medicine, Taipei, Taiwan and the Institute of Clinical Medicine, National Cheng Kung University School of Medicine, Tainan, Taiwan.
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