## CORRECTIONS

In the paper: Sato Douglas, Fujihara Kazuo. Atypical presentations of neuromyelitis optica. Arq Neuro-Psiquiatr 2011; 69(5): 824-828, Table 1, the line: "Transient asymptomatic elevation of CK levels; observed few weeks prior to a NMO attack" must be placed in the thirth column, instead of the second column:

Table – Summary of clinical and laboratory findings in NMO patients

| Typical features | Not typical, but commonly reported | Uncommon, observed in few patients |
|---|---|---|
| Unilateral or bilateral ON with severe visual impairment | Brain lesions in the hypothalamus, corpus callosum, periventricular area and brainstem. Lesions usually have distinct features of MS lesions | Hypersomnia, associated with bilateral hypothalamic lesions and low CSF hypocretin-1 levels |
| TM with longitudinally extensive (3 ≥ VS) and centrally located lesion | Intractable hiccups, nausea and vomiting, often lasting for over 48 hours | Transient asymptomatic elevation of CK levels; observed few weeks prior to a NMO attack |
| AQP-4 antibody positivity in the serum | Painful tonic spasm in the TM recovery period | |

ON = optic neuritis; TM = transverse myelitis; VS = vertebral segments; AQP-4 = aquaporin-4; CSF = cerebrospinal fluid; CK = creatine phosphokinase.