



■ REFERENCES

1. Skiest DJ. Focal neurological disease in patients with acquired immunodeficiency syndrome. *Clin Infect Dis* 2002; 34:103–115.
2. Sibtain NA, Chinn RJS. Imaging of the central nervous system in HIV infection. *Imaging* 2002; 14:48–59.
3. Thurnher MM, Thurnher SA, Schindler E. CNS involvement in AIDS: spectrum of CT and MR findings. *Eur Radiol* 1997; 7:1091–1097.
4. Safak M, Khalili K. An overview: human polyomavirus JC virus and its associated disorders. *J Neurovirol* 2003; 9(suppl 1): 3–9.
5. Collazos J. Opportunistic infections of the CNS in patients with AIDS: diagnosis and management. *CNS Drugs* 2003; 17:869–887.
6. Astrom KE, Mancall EL, Richardson EP Jr. Progressive multifocal leukoencephalopathy: a hitherto unrecognized complication of chronic lymphatic leukaemia and Hodgkin's disease. *Brain* 1958; 81:93–111.
7. Berger JR, Pall L, Lanska D, Whiteman M. Progressive multifocal leukoencephalopathy in patients with HIV infection. *J Neurovirol* 1998; 4:59–68.
8. Mamidi A, DeSimone JA, Pomerantz RJ. Central nervous system infections in individuals with HIV-1 infection. *J Neurovirol* 2002; 8:158–167.
9. Berenguer J, Miralles P, Arrizabalaga J, et al; GESIDA 11/99 Study Group. Clinical course and prognostic factors of progressive multifocal leukoencephalopathy in patients treated with highly active antiretroviral therapy. *Clin Infect Dis* 2003; 36:1047–1052.
10. Marra CM, Rajcic N, Barker DE, et al; Adult AIDS Clinical Trials Group 363 Team. A pilot study of didanosine for progressive multifocal leukoencephalopathy in AIDS. *AIDS* 2002; 16:1791–1797.

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CORRECTIONS

Two errors appeared in recent articles in the Cleveland Clinic Journal of Medicine, both of which occurred during the editing process.

In the article “What is osteopenia, and what should be done about it?” by Dr. Nelson B. Watts in the January 2006 issue (*Cleve Clin J Med* 2006; 73:29–32), the subhead at the top of the second column of page 29 should read “osteopenia is not a useful diagnosis,” not “osteoporosis,” as printed.

In the article “The end of the diet debates? All fats and carbs are not created equal” by Dr. Arthurs S. Agatston in the October 2005 issue (*Cleve Clin J Med* 2005; 72:946–950), on page 947, first column, first paragraph under the subhead “insulin resistance,” the second sentence incorrectly states that insulin enters fat and muscle cells. The sentence should have read: “Insulin allows glucose to enter fat and muscle cells...” We thank Todd Kaye, MD, of Sunnydale, CA, for pointing this out.

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