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## ERRATUM

# Prior pallidotomy reduces and modifies neuronal activity in the subthalamic nucleus of Parkinson's disease patients

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A. Zaidel,<sup>1,3</sup> A. Moran,<sup>2</sup> G. Marjan,<sup>3,4</sup> H. Bergman<sup>1,3</sup> and Z. Israel<sup>4</sup>

<sup>1</sup>Interdisciplinary Center for Neural Computation, The Hebrew University, Jerusalem, Israel

<sup>2</sup>Gonda Multidisciplinary Brain Research Center and Faculty of Life Sciences, Bar Ilan University, Ramat Gan, Israel

<sup>3</sup>Department of Physiology and Eric Roland Center for Neurodegenerative Diseases, The Hebrew University, Hadassah Medical School, Jerusalem, Israel

<sup>4</sup>Department of Neurosurgery, Hadassah University Hospital, Jerusalem, Israel

In the published paper of Zaidel *et al* (2008), the dashed lines in four of the figures (Figs 2–5) were corrupted. The publishers apologize for these errors, and reproduce the four corrected figures here, along with their legends.

### Reference

Zaidel, A., Moran, A., Marjan, G., Bergman, H. & Israel, Z. (2008) Prior pallidotomy reduces and modifies neuronal activity in the subthalamic nucleus of Parkinson's disease patients. *Eur. J. Neurosci.*, **27**, 483–491.

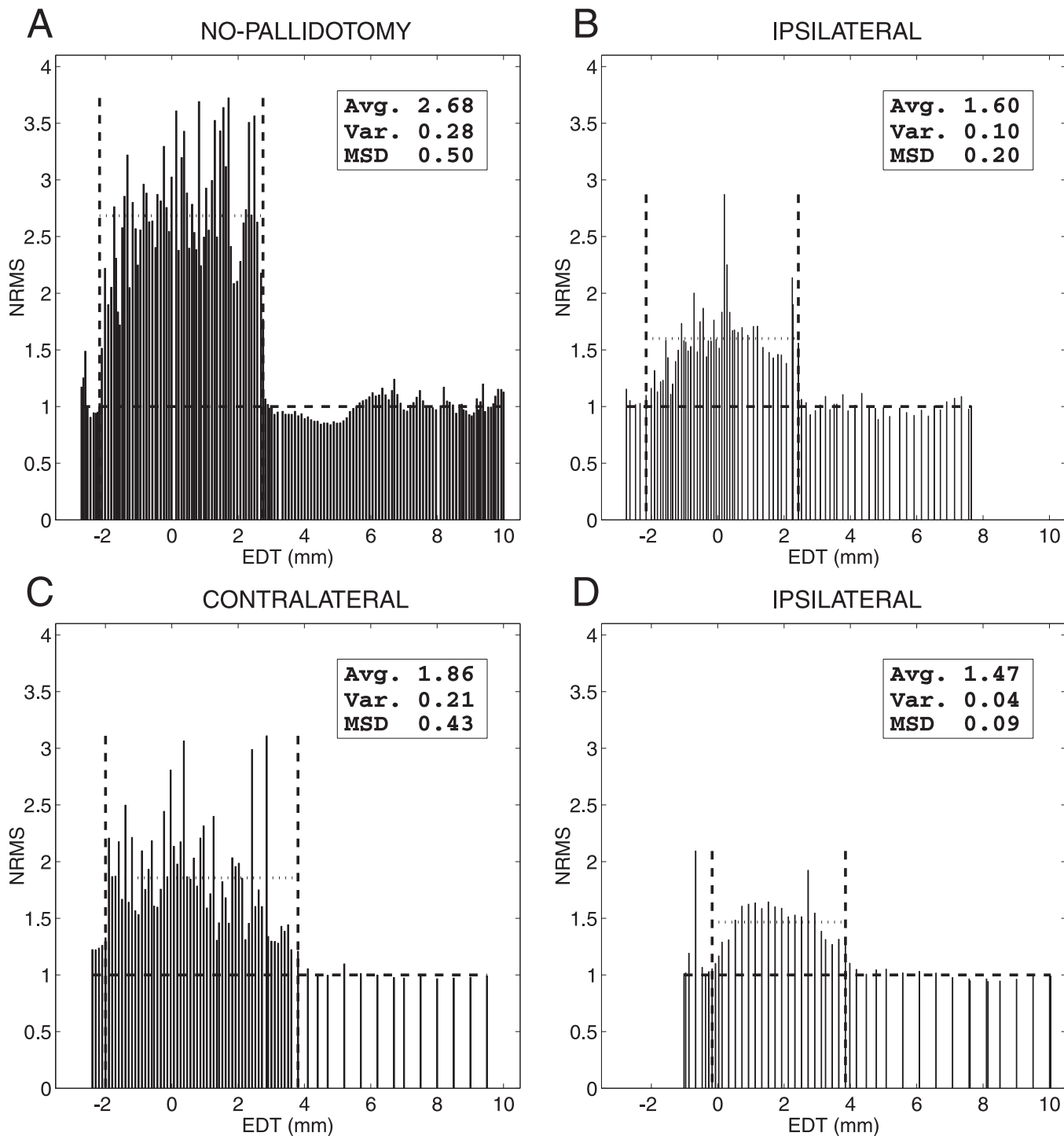


FIG. 2. The NRMS plot of a trajectory. Each solid line represents the NRMS calculated at discrete steps of estimated distance to target (EDT) in the surgical trajectory. The vertical dashed, horizontal dashed and horizontal dotted lines indicate the STN borders, the normalized baseline and the mean STN NRMS, respectively. (A) A trajectory with no prior pallidotomy. (B) A trajectory ipsilateral to prior pallidotomy. (C) A trajectory contralateral to pallidotomy (D) The trajectory ipsilateral to pallidotomy of the same patient as in C.

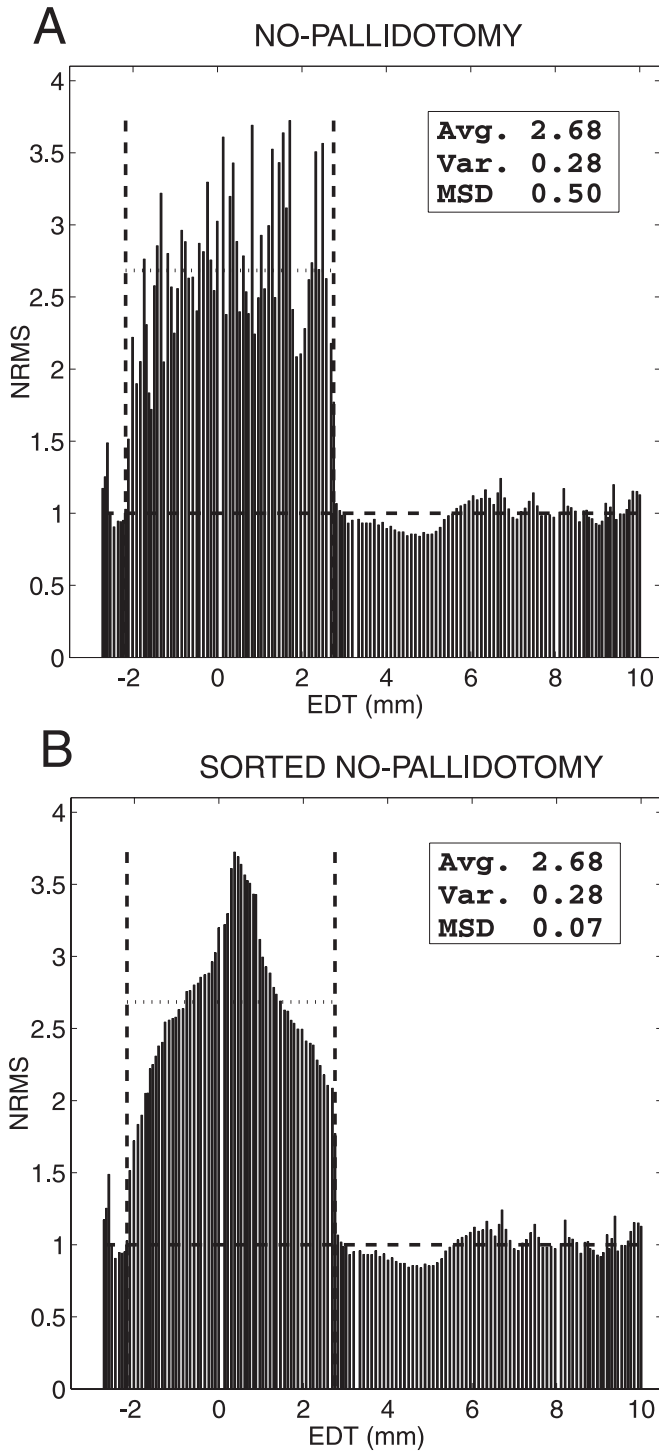


FIG. 3. MSD irregularity measure demonstrated. (A) A no-pallidotomy trajectory (same as in Fig. 2A). (B) The same trajectory, but with the STN NRMS reordered in an ascending and descending manner. The smoothness of the RMS in the reordered STN is demonstrated by the low MSD value compared with that in A, while the mean and variance are unchanged. Convention and borders as in Fig. 2.

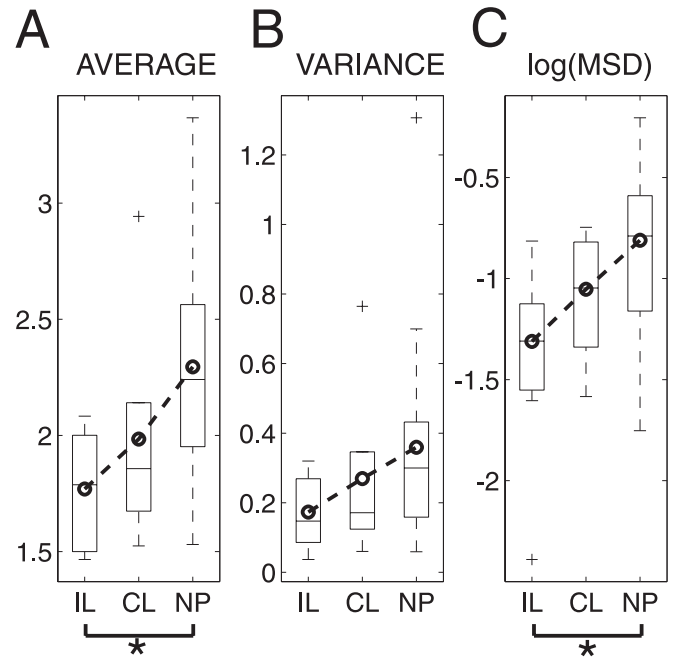


FIG. 4. Inter-trajectory comparison. A box plot comparison of STN (A) NRMS average, (B) NRMS variance and (C) NRMS MSD (after the logarithmic transformation) across trajectories. Horizontal lines represent the lower quartile, median and upper quartile values. Whiskers show the extent of the rest of the data (maximum whisker length was set at 1.5 units of interquartile range) and crosses represent outliers. The average values (circle markers) are joined by dashed lines. Differences in STN mean average and MSD between trajectories ipsilateral (IL) to pallidotomy and those with no-pallidotomy (NP) were significant ( $*P < 0.05$ ). Contralateral (CL) trajectory values were systematically between the other two.

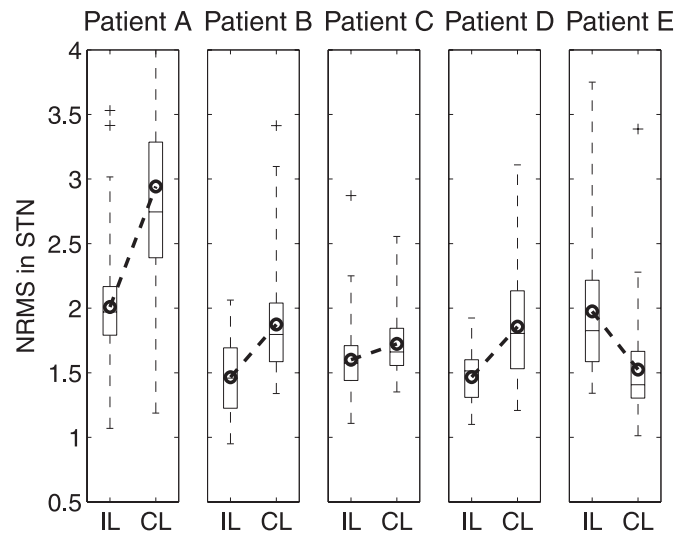


FIG. 5. Comparison of ipsilateral vs. contralateral STN NRMS in unilateral pallidotomy patients. Individual box plot comparisons of five patients with unilateral pallidotomy. Horizontal lines represent the lower quartile, median and upper quartile NRMS values. Whiskers show the extent of the rest of the data (maximum whisker length was set at 3 units of interquartile range) and crosses represent outliers. Average values (circle markers) are joined by dashed lines. For four of the five patients the mean and median NRMS in STN were lower ipsilateral (IL) to pallidotomy when compared with the contralateral (CL) side.