

SUDEP. The underlying pathophysiology is incompletely understood, although neurogenic cardiac asystole is believed to contribute to SUDEP.⁴ SUDEP is reported to occur in about 1.8 per 1000 patients with epilepsy and is increased in patients who have persistent seizures despite antiseizure drugs.⁴ Before we are able to prevent SUDEP,⁵ we must learn the mechanism or mechanisms that underlie its occurrence. Rather than a single mechanism, our case supports observational findings of nonictal near-SUDEP as a mechanism that may occur independent of seizures. We support recommendations to maintain a heightened suspicion for spontaneous malignant arrhythmias in patients with uncontrolled seizures. Despite the absence of ECG abnormalities during ictal recordings, we recommend combined ECG and EEG monitoring during Wada testing and continued cardiac vigilance in patients with drug-resistant focal epilepsy.

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CORRECTION

In the Original Article entitled “**Risk of Acute Kidney Injury, Dialysis, and Mortality in Patients With Chronic Kidney Disease After Intravenous Contrast Material Exposure**” published in the August 2015 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2015;90(8):1046-1053), the middle initial for one of the authors was published incorrectly; his name should read David F. Kallmes.

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