



## Erratum to: A Novel Case of Solitary Cerebral Toxoplasmosis Mimicking Glioblastoma as the First Presentation of HIV

Moisés León Ruiz

Department of Neurology, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Madrid, Spain

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Unfortunately, the original version of this article contained some incomplete information about the use of neuroimaging through diffusion and perfusion MRI sequences to distinguish abscesses from tumours. Author wish to add the following data to the second paragraph of the article (lines 20-22):

In this regard, diffusion MRI sequences may be useful, and pyogenic cerebral abscess should be suspected in all cases of cystic or necrotic masses with hyperintensity signals in diffusion sequences (DWI) and a low apparent diffusion coefficient (ADC).<sup>1,2</sup> Nevertheless, glioblastoma, metastases, and some brain abscesses, such as those owing to toxoplasmosis, can cause a hypointense signal on DWI images and high ADC values in the necrotic core. In such scenario, perfusion-weighted Imaging (PWI) seems to be useful in the differential diagnosis of ring-enhancing cerebral lesions. High regional cerebral blood volume (rCBV) values in the peripheral areas tend to indicate the context of a necrotic tumour, whereas low values for the most part suggest an abscess.<sup>2</sup>

### REFERENCES

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2. Muccio CF, Esposito G, Bartolini A, Cerase A. Cerebral abscesses and necrotic cerebral tumours: differential diagnosis by perfusion-weighted magnetic resonance imaging. *Radiol Med* 2008;113:747-757.