
1. On page 489, in the footnotes, the web links have been updated in paragraphs 7, 8, and 9.
2. On page 505, the footnote to Table 3, last paragraph, read “Reprinted with permission from Sacco et al.4” It should read “Modified with permission from Sacco et al.4”
3. On page 500, in the left column, “Section 18. Recommendations for Management of Patients With Cervical Artery Dissection,” the Class IIa Recommendation 1 read:

1. For patients with symptomatic cervical artery dissection, anticoagulation with intravenous heparin (dose adjusted to prolong the partial thromboplastin time to 1.5 to 2.0 times the control value) followed by warfarin (dose-adjusted to achieve a target INR of 2.5 [range 2.0 to 3.0]), low-molecular-weight heparin (in the dose recommended for treatment of venous thromboembolism with the selected agent) followed by warfarin (dose-adjusted to achieve a target INR of 2.5 [range 2.0 to 3.0]), or oral anticoagulation without antecedent heparin can be beneficial for 3 to 6 months, followed by antiplatelet therapy with aspirin (81 to 325 mg daily) or clopidogrel (75 mg daily). (Level of Evidence: C)

It should read:

1. Antithrombotic treatment with either an anticoagulant (heparin, low-molecular-weight heparin, or warfarin*) or a platelet inhibitor (aspirin, clopidogrel, or the combination of extended-release dipyridamole plus aspirin*) for at least 3 to 6 months is reasonable for patients with extracranial carotid or vertebral arterial dissection associated with ischemic stroke or TIA.72a–72d (Level of Evidence: B)

*Drugs are not listed in order of preference.

4. On page 519, in the References, the following were added:


These corrections have been made to the print version and to the current online version of the article, which is available at http://circ.ahajournals.org/cgi/reprint/124/4/489.

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