

arm and leg. An EEG demonstrated continuous widespread theta activity with sharp waves but no focal features. CSF examination and CT scan of his brain were normal, thereby failing to disclose a focal lesion to explain the clinical picture. Chlorambucil was discontinued and function returned to the right arm and leg over the next 7 days. However, these investigators correctly identified the possibility of cerebrovascular disease contributing to their patient's neurologic changes, given his strong history of angina and peripheral vascular disease, suggesting diffuse atherosclerotic disease.

The mechanism of chlorambucil-induced neurotoxicity has not been established. Subcortical structures have been suggested as the primary site of neurologic insult.<sup>2</sup> Lion et al<sup>10</sup> found <sup>14</sup>C-labeled chlorambucil distributed in subcortical structures in cats. They also suggested that myoclonic seizures were the reaction pattern of an immature CNS.

Albuminum hydroxide<sup>11</sup> and chlorambucil administered to children are the only pharmacologic agents that have been previously described to cause myoclonic seizures in humans. There have been no reported cases of chlorambucil-induced myoclonic seizures in adults. In this present case, the onset of myoclonic seizures while being administered chlorambucil, the gradual abatement of the myoclonus after the discontinuation of chlorambucil, the lack of previous seizure or movement disorders, the patient's EEG similarities to chlorambucil-induced EEG changes in children and animals with myoclonus, the absence of any other complicating or alternative diseases causing myoclonus, and the lack of recurrence after the discontinuation of chlorambucil — all provide support that chlorambucil did indeed precipitate this patient's myoclonic seizures. We cannot speculate about the diverse implications this case presents to the suggested mechanisms of chlorambucil neurotoxicity.

We would conclude that myoclonic seizures are rare in patients receiving chlorambucil and that elderly patients should have careful neurological follow-up if chlorambucil is prescribed in doses exceeding the recommended daily maximum of 0.2 mg/kg. Further clinical, EEG, and pharmacologic studies in adults, especially elderly patients, who are prescribed chloram-

bucil are necessary to delineate the mechanism and site of chlorambucil neurotoxicity.

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## ERRATA

In the article by McDermed et al "Clinical Pharmacokinetics of High-Dose Metoclopramide in Cancer Patients Receiving Cisplatin Therapy" (*Journal of Clinical Oncology* 3:1400-1408, 1985), an error was made in the second column on page 1401 that altered the meaning of an equation. The correct equation appears below.

$$Vd = \frac{\text{dose} \times (1 - e^{-k_e t'})}{t' k_e [C_p^3 - (C_t^2) (e^{-k_e t'})]}$$