统检查或CT、MRI检查均难以判断患者实际颅内压水平，而颅内压监测作为颅内压升高的有效预警系统，有助于神经外科医师及早发现并及时治疗[7-8]。若患者颅内压初始值较高，尽管影像学检查可能暂无缺血、缺氧表现，但此时脑组织低灌注及其内环境受损已经发生，之后尽管颅内压降至正常水平，但细胞源性和血管源性脑水肿已经存在，随后即可出现难治性颅内高压，影响患者预后[3]。我们采用Logistic回归分析对导致不良预后的相关危险因素进行分析，结果显示，年龄和颅内压初始值是独立危险因素，颅内压初始值每升高1 mm Hg，6个月随访时GOS评分即可降至94.30%。

综上所述，颅内压初始值可以作为评价颅脑创伤患者预后的一项重要参考指标，结合其他影响因素，可以较好地预测不良预后的发生。

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更正：远志总皂苷对阿尔茨海默病模型大鼠海马脑源性神经营养因子及酪氨酸蛋白激酶B表达的影响

Erratum to: Effects of tenuigenin on the expression of brain-derived neurotrophic factor and its receptor tyrosine protein kinase B in the hippocampus of Alzheimer´s disease model rats

由于第一作者陈伟荣个人疏忽，特申请将我刊2014年第14卷第5期“远志总皂苷对阿尔茨海默病模型大鼠海马脑源性神经营养因子及酪氨酸蛋白激酶B表达的影响”[1]一文脚注“作者单位：030032 太原，山西医学科学院 山西大医院神经内科”改为“作者单位：030001 太原，山西医科大学研究生院2011级（陈伟荣，燕毅男，崔红丽）；030032 太原，山西医学科学院 山西大医院神经内科（李新毅）”，英文作者名“CHEN Wei-rong, YAN Yi-nan, CUI Hong-li, LI Xin-yi”改为“CHEN Wei-rong[1], YAN Yi-nan[1], CUI Hong-li[1], LI Xin-yi[2]”，英文单位“Department of Neurology, Shanxi Da Yi Hospital, Shanxi Academy of Medical Sciences, Taiyuan 030032, Shanxi, China”改为“[1]Grade 2011, Graduate School, Shanxi Medical University, Taiyuan 030001, Shanxi, China; [2]Department of Neurology, Shanxi Da Yi Hospital, Shanxi Academy of Medical Sciences, Taiyuan 030032, Shanxi, China”，特此更正。

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