

Imaging tests must include a chest x-ray, and usually a cranial resonance where an increase of the signal in the membrane of the labyrinth has been seen.^{4,8} The arteriography is indicated in certain situations, as in the case of differences in peripheral pulses of the extremities or central nervous system symptoms.^{8,9} Although the etiology of this syndrome is not known, it is included among autoimmune diseases due to diverse findings, such as the presence of antibodies against the epithelial cells of the cornea and membrane of labyrinth.¹⁰ Treatment of this disease usually includes different immunosuppressants, of which systemic steroids are the cutting edge along with ocular topical treatment. The atypical Cogan's syndrome, that usually is more aggressive and has a chronic course, frequently merits other immunosuppressants. Among them, one stands out: oral cyclophosphamide (1-2 mg/kg/day), cyclosporin A (1-2 mg/kg/day), or methotrexate (7.5-10 mg/week). The answer to treatment is variable and often partial.^{3,6} Aortic insufficiency can merit surgery and the auditory affection, of cochlear implants.⁸

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Erratum

In the original article "Spanish Registry of Adverse Events of Biologic Therapy in Rheumatic Disease (BIOBADASER): Situation Report, January 26, 2006", published in *Reumatol Clin.* 2007;3(1):4-20, it has been noted that a mistaken omission in the listing of members of the BIOBADASER study group has taken place. The omitted member is:

M. Isabel Rotés Mas (Hospital San Rafael).