CORRECTION Open Access

Correction to: The one-in-all diagnostic value of 99mTcMDP bone scan combining with singlephoton emission tomography (SPECT)/CT imaging in spinal osteoblastoma



Wenhui Ma^{1†}, Zhiyong Quan^{1†}, Jing Wang¹, Xiangdong Li^{2*} and Guoquan Li^{1*}

Correction to: Journal of Orthopaedic Surgery and Research (2020) 15:181

https://doi.org/10.1186/s13018-020-01653-2

Following publication of the original article [1], it was noted that due to a typesetting error, the captions to Figs. 3 and 4 were mismatched. The caption of Fig. 3 should be put under the Fig. 4 and vice versa.

An error was identified in the Materials and methods section and in Table 3.

The updated Materials and methods section is given below and the changes have been highlighted in bold typeface.

Materials and methods

Twenty-five patients were confirmed as spinal OB in histopathology and treated from January 2008 to December 2018. All procedures were in accordance with the ethics committee of Xijing Hospital and with the Helsinki Declaration of 1975 (revised in 2008). All patients were investigated by the following imaging resources performed in our hospital: plain X-rays, CT scan, MRI, bone scan, and SPECT/CT. Two experienced

radiologists and nuclear medicine physicians reviewed the imaging results **respectively**.

The correct Table 3 and the correct figures and captions have been included in this correction.

The original article has been corrected.

Published online: 24 June 2020

Reference

 Ma W, et al. The one-in-all diagnostic value of 99mTcMDP bone scan combining with singlephoton emission tomography (SPECT)/CT imaging in spinal osteoblastoma. J Orthop Surg Res. 2020;15:181. https://doi.org/10. 1186/s13018-020-01653-2.

The original article can be found online at https://doi.org/10.1186/s13018-020-01653-2.

¹Department of Nuclear Medicine, Xijing Hospital, Fourth Military Medical University, 127# West Changle Road, Xi'an 710032, Shaanxi Province, China



© The Author(s). 2020 **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

^{*} Correspondence: xdlimail@yahoo.com; lgqby@sina.com

[†]Wenhui Ma and Zhiyong Quan contributed equally to this work.

²Department of Orthopedic Oncology, Xijing Hospital, Fourth Military Medical University, 127# West Changle Road, Xi'an 710032, Shaanxi Province, China

Table 3 Brief summary of spinal OB's surgical treatment

	Value
Length of stay (days)	15.9 ± 5.8
Duration of the procedure (min)	202.0 ± 22.4
Blood loss (mL)	656.0 ± 428.6
Treatment approach	PA (23), PA + AA (2)
Red blood cell transfusion (IU)	4 ~ 10
Serum transfusion (mL)	370 ~ 1420

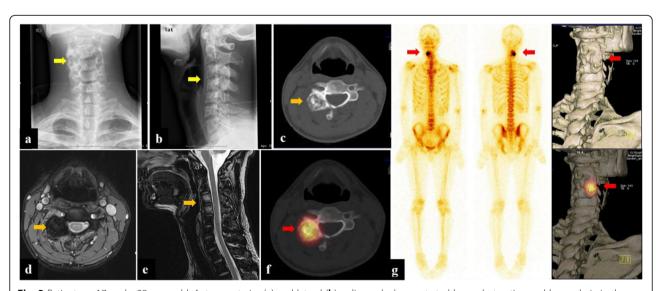


Fig. 3 Patient no. 17, male, 28 years old. Anteroposterior (a) and lateral (b) radiograph demonstrated bone destruction and hyperplasia in the C3–4 level (yellow arrow). CT (c) and MRI (enhanced T1W/FS and T2W sequence) (d, e) of the cervical spine showed a 20.0-mm lesion on the right transverse processes and laminae of C3–4, a typical osteogenic feature of OB (orange arrow). Planar bone scan displayed high uptake around C3–4 cervical vertebral body (g), whereas SPECT/CT (f) and 3D reconstruction images showed more details on the lesion and provided more information for orthopedist (red arrow)

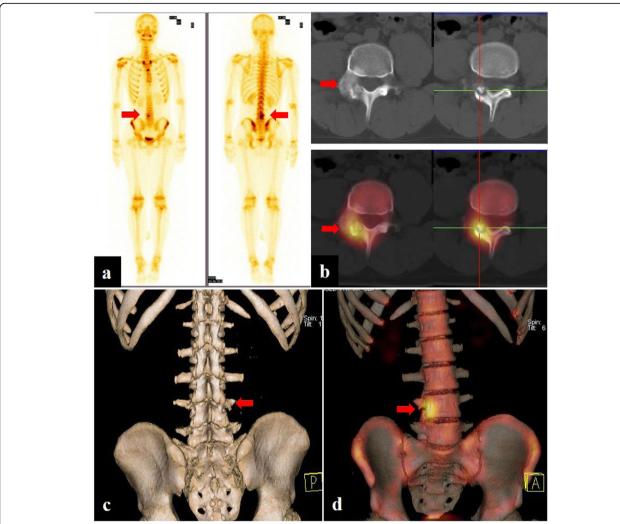


Fig. 4 Patient no. 10, male, 16 years old. Planar bone scan (**a**) demonstrated high uptake in the right attachment of the L4 level, indicating strong osteogenesis. SPECT/CT imaging (**b**) and 3D reconstruction images (**c**, **d**) clearly showed the center solid nidus with peripheral osteosclerosis