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Corrigendum: Comparison of Clinical Outcomes Following Lumbar Endoscopic Unilateral Laminotomy Bilateral Decompression and Minimally Invasive Transforaminal Lumbar Interbody Fusion for One-Level Lumbar Spinal Stenosis With Degenerative Spondylolisthesis

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A Corrigendum on

Comparison of Clinical Outcomes Following Lumbar Endoscopic Unilateral Laminotomy Bilateral Decompression and Minimally Invasive Transforaminal Lumbar Interbody Fusion for One-Level Lumbar Spinal Stenosis With Degenerative Spondylolisthesis

by Hua, W., Wang, B., Ke, W., Xiang, Q., Wu, X., Zhang, Y., et al. (2020). Front. Surg. 7:596327. doi: 10.3389/fsurg.2020.596327

In the original article, there was some mistakes in **Figure 1** and **Figure 2** as published (1). **Figure 1** is the same as the sketch maps of surgical procedures of lumbar endoscopic unilateral laminotomy bilateral decompression (LE-ULBD) published by us (2). In order to avoid repeated publication of the same figure, we replaced **Figure 1**. There were also some mistakes in choosing typical intraoperative photos for **Figures 2I** and **2J**. The corrected **Figure 1** and **Figure 2** appear below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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Hua et al. Corrigendum: ULBD and MI-TLIF

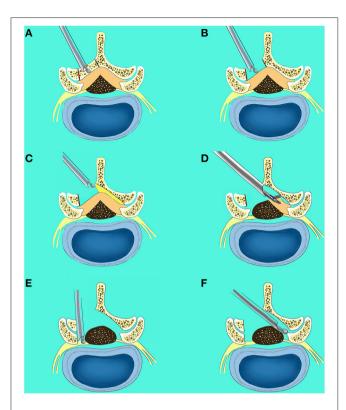


FIGURE 1 | Surgical procedures of lumbar endoscopic unilateral laminotomy bilateral decompression (LE-ULBD). (A,B) The inferior edge of the cranial lamina and the base of the spinous process of the ipsilateral side were removed by the endoscopic burr; (C) undercutting of the contralateral cranial lamina was performed; (D) the ipsilateral and contralateral ligamentum flavum was identified and removed piecemeal with endoscopic punches and forceps; (E) the ipsilateral medial facetectomy was performed to decompress the lateral recess and ensure adequate decompression of the traversing nerve root; (F) the contralateral medial facetectomy was performed to decompress the lateral recess and ensure adequate decompression of the traversing nerve root.

FIGURE 2 | Lumbar endoscopic unilateral laminotomy bilateral decompression (LE-ULBD) performed on a 77-year-old female patient diagnosed with L4-L5 lumbar spinal stenosis with degenerative spondylolisthesis. (A,B) preoperative anteroposterior and lateral plain radiographs; (C,D) preoperative flexion and extension radiographs; (E) preoperative computed tomography (CT) scans; (F-H) preoperative magnetic resonance imaging (MRI) scans; (I,J) medial facetectomy was performed to decompress the lateral recess and ensure adequate decompression of the traversing nerve root; (K) postoperative CT scans; (L) postoperative MRI scans. Snowflake, nerve root, triangle, dural sac.

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