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# Correction to: Validity and diagnostic performance of fluorescence optical imaging measuring synovitis in hand osteoarthritis: baseline results from the Nor-Hand cohort



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# Correction to: Arthritis Res Ther 22, 98 (2020) https://doi.org/10.1186/s13075-020-02185-0

Following publication of the original article [1], the authors reported an error in Fig. 2 and the other is in the supplementary Figure 1.

- 1. In Fig. 2 the percentage of joints with MRI-defined synovitis grade 1–3 in the thumb base is reported as 81%. The correct number is 61%. As reported under "Results, Frequency distribution of synovitis according to FOI, MRI, and ultrasound" 81% of the participants demonstrated MRI enhancement in the CMC-1 and/or STT joint. However, 61% of the total STT and CMC-1 joints examined demonstrated MRI-defined synovitis.
- 2. Supplementary Figure 1: Erosive and remodeling phase is reported in two identical columns. The correct figure should have only one of the two columns representing joints in erosive and remodeling phase."

The original article has been corrected.

# **Supplementary Information**

The online version contains supplementary material available at https://doi.org/10.1186/s13075-021-02469-z.

**Additional file 1: Figure S1.** Distribution of FOI PVM enhancement in joints with increasing degree of osteoarthritis.

## Author details

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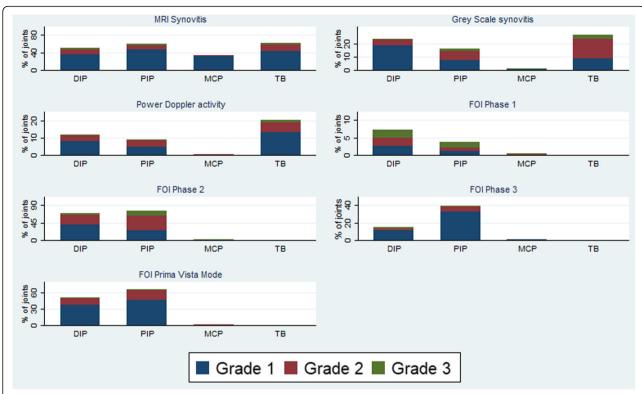
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**Fig 2** Frequency distribution of FOI enhancement, MRI and gray-scale synovitis and power Doppler activity in hand OA patients. MRI, magnetic resonance imaging; DIP, distal interphalangeal joints; PIP, proximal interphalangeal joints; MCP, metacarpophalangeal joints; TB, thumb base. 1MRI findings from dominant hand only, FOI and ultrasound from bilateral hands.2The thumb base (TB) includes CMC-1 and/or STT synovitis for MRI and CMC-1 synovitis for ultrasound. The TB region is assessed as a whole for FOI, as the CMC-1 and STT joint cannot be distinguished