ERRATUM

Comparison of surgical interventions for the treatment of early-onset scoliosis: a systematic review and meta-analysis


After online publication, the authors found errors that resulted from not transferring some of their updated data to the final draft.

In the Results section of the abstract, incorrect data were reported. In the original publication, the section read:

The authors found that the Shilla technique provided the most significant improvement in coronal Cobb angle immediately after surgery (mean [95% CI] 64.2° [61.4°–67.2°]), whereas VEPTR (27.6% [22.7%–33.6%]) and TGR (45% [42.5%–48.5%]) performed significantly worse. VEPTR also performed significantly worse than the other techniques at final follow-up. The techniques also provided comparable gains in T1–S1 height immediately postoperatively (mean [95% CI] 10.5% [9.0%–12.0%]); however, TGR performed better at final follow-up (21.3% [18.6%–24.1%]). Complications were not significantly different among the patients who underwent the Shilla, TGR, MCGR, and VEPTR techniques, except for the rate of infections. The TGR technique had the lowest rate of unplanned reoperations (mean [95% CI] 15% [10%–23%] vs 24% [19%–29%]) but the highest number of planned reoperations per patient (5.31 [4.83–5.82]). The overall certainty was low, with a high risk of bias across studies.

In the Results section of the article, under Mean Coronal Cobb Correction, an incorrect value was reported in the following sentence, “The overall mean (95% CI) percent improvement in coronal Cobb angle was 54.03% (52.00%–55.93%).” The correct value is shown in bold: “The overall mean (95% CI) percent improvement in coronal Cobb angle was 54.03% (52.20%–55.93%).” In the same section, the order of the data presented in the following sentence, “The TGR technique demonstrated the highest percent improvement in Cobb angle compared with preoperative baseline (43.90%, 95% CI 40.23%–47.92%), followed by MCGR (39.66%, 95% CI 36.02%–43.68%) and then Shilla growth guidance (40.08%, 95% CI 32.02%–50.18%).” was revised: “The TGR technique demonstrated the highest percent improvement in Cobb angle compared with preoperative baseline (43.90%, 95% CI 40.23%–47.92%), followed by Shilla (40.08%, 95% CI 32.02%–50.18%) and then MCGR (39.66%, 95% CI 36.02%–43.68%).”

In the Results section of the article, under Complications, the figure panels were incorrectly identified. “The mean (95% CI) overall complication rate was 31% (26%–36%) (Fig. 4A)” has been corrected to “The mean (95% CI) overall complication rate was 31% (26%–36%) (Fig. 4B)” and “No significant difference was seen between the 4 groups (Fig. 4B)” has been corrected to “No significant difference was seen between the 4 groups (Fig. 4A).”

The article has been corrected online as of January 13, 2023.

Mohamad Bydon, MD
Mayo Clinic, Rochester, MN

CORRESPONDING ARTICLE See pp 342–357.

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