Erratum

Sphenoorbital meningioma: surgical technique and outcome

Clinical article

To the Editor: Thank you for publishing our paper entitled “Sphenoorbital meningioma: surgical technique and outcome. Clinical article” (J Neurosurg; published online December 24, 2010; DOI: 10.3171/2010.10. JNS101128). After publication we realized that the paper contained some errors.

The first 4 errors appeared in the Results section of the Abstract (page 1241). In the original we stated:

Postoperative complications included trigeminal hypesthesia in 10 patients, oculomotor palsy in 2 patients, and seizure in 2 patients. Seven patients had recurrence within the mean follow-up period of 40.6 months. Preoperative visual deficits were present in 21 patients (53.8%). Of these, 14 (66.7%) experienced visual recovery to normal levels postoperatively. Statistical analyses revealed preoperative severe visual deficit and sphenoid bone hypertrophy as an independent risk factor and an independent favorable factor, respectively, for a favorable visual outcome. Proptosis was resolved (≤ 2 mm) in 76.4% of the authors’ patients. No patient had postoperative enophthalmos.

This passage has been corrected to the following:

Postoperative complications included trigeminal hypesthesia in 9 patients, oculomotor palsy in 3 patients, and seizure in 2 patients. Seven patients had recurrence within the mean follow-up period of 40.7 months. Preoperative visual deficits were present in 21 patients (53.8%). Of these, 14 (66.7%) experienced visual recovery to normal levels postoperatively. Statistical analyses revealed preoperative severe visual deficit and sphenoid bone hypertrophy as an independent risk factor and an independent favorable factor, respectively, for a favorable visual outcome. Proptosis was resolved (≤ 2 mm) in 73.5% of the authors’ patients. No patient had postoperative enophthalmos.

The fifth error appeared in the Data Analysis paragraph in the Methods section of the paper (page 1242, right column). We originally listed 6 preoperative patient characteristics that were entered into the multiple logistic regression analysis. Actually there were 5 variables. The corrected text now reads:

The variables included 5 preoperative patient characteristics (age [< 49 years, ≥ 50 years], duration of visual symptoms [none or < 6 months, ≥ 6 months], proptosis [≤ 4 mm, > 4 mm], ocular pain [yes, no], and first surgery [yes, no]) and 4 tumor characteristics (sphenoid hypertrophy [severe, mild], optic canal involvement [yes, no], residual tumor in the periorbita [yes, no], and cavernous sinus involvement [yes, no]).

The sixth error was in the Results section (page 1244, right column, 2nd full paragraph). In the original we stated that there was 1 patient with persistent partial oculomotor palsy. In actuality there were 2 such patients. The corrected text follows:

Postoperative trigeminal hypesthesia was observed in 9 patients (23.1%). One patient (2.6%) suffered a complete oculomotor palsy after surgery. Two patients (5.1%) had a persistent partial oculomotor palsy. [Correction bolded.]

We are pleased to have the opportunity to correct these errors. They were corrected online as of February 11, 2011, and are printed correctly in this issue.

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