ERRATUM

Clinical characteristics of and treatment protocol for trapped temporal horn following resection of lateral ventricular trigone meningioma: a single-center experience

TO THE READERSHIP: An error appeared in the article by Lin et al. (Lin Z, Wang C, Gao Z, et al: Clinical characteristics of and treatment protocol for trapped temporal horn following resection of lateral ventricular trigone meningioma: a single-center experience. *J Neurosurg* [epub ahead of print February 15, 2019; DOI: 10.3171/2018.11.JNS182710]).

In the *Characteristic* column of Table 3, “Mean FU duration (mos)” should have been “Mean FU duration (yrs)”. The updated table is shown below.

The article has been corrected online as of April 5, 2019.

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CORRESPONDING ARTICLE See pp 481–490.

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TABLE 3. Comparison of clinical features between surgical and nonsurgical cohorts

Characteristic	Management		p Value	All Patients
	Surgical	Nonsurgical		
No. of cases	11	8		19
Mean age (yrs)	36.7 ± 14.7	44.3 ± 12.0	0.282	39.9 ± 13.8
Female sex	7 (63.6)	6 (75.0)	0.494	13 (68.4)
Left hemisphere	6 (54.5)	7 (87.5)	0.177	13 (68.4)
Time from op to onset (mos)	2.9 ± 3.3	3.7 ± 2.9	0.264	3.2 ± 3.0
Delayed onset of TTH	6 (54.5)	7 (87.5)	0.177	13 (68.4)
Mean KPS score at onset	30 ± 25.7	82.5 ± 8.9	0.001	52.1 ± 33.3
Neurological deficit	5 (45.5)	5 (62.5)	0.650	10 (52.6)
Intracranial hypertension	9 (81.8)	0	0.001	9 (47.4)
Severe PVBE	10 (90.9)	5 (62.5)	0.262	15 (78.9)
Mean midline shift (mm)	9.0 ± 3.8	2.0 ± 2.4	0.001	6.0 ± 4.8
Mean TTH vol at onset (cm ³)	39.6 ± 27.5	25.2 ± 13.3	0.2	33.5 ± 23.3
Mean FU duration (yrs)	4.6 ± 1.1	5.0 ± 0.9	0.509	4.8 ± 1.0
PVBE complete remission	9 (81.8)	3 (42.9)†	0.141	12 (66.7)*
Mean vol reduction at last FU (%)	83.9 ± 29.1	26.6 ± 18.8	0.001	59.8 ± 38.1
Mean KPS score at last FU	87.3 ± 12.7	88.8 ± 9.9	0.863	87.9 ± 11.3

Values are presented as the number of patients (%) unless indicated otherwise. Mean values are presented ± SD.

* PVBE was present in 18 patients in the study.

† A total of 7 patients presented with PVBE in the nonsurgical cohort.