

## Erratum to: Autologous blood injection for treatment of chronic recurrent TMJ dislocation: is it successful? Is it safe enough? A systematic review

Payam Varedi<sup>1,2</sup> · Behnam Bohluli<sup>2,3</sup>

Published online: 26 May 2015  
© Springer-Verlag Berlin Heidelberg 2015

**Erratum to: Oral and Maxillofacial Surgery**  
**DOI 10.1007/s10006-015-0500-y**

The original version of this manuscript contained multiple mistakes in the arrangements and abbreviations of Table 1. Below is the correct Table 1.

---

The online version of the original article can be found at <http://dx.doi.org/10.1007/s10006-015-0500-y>.

---

✉ Behnam Bohluli  
bbohluli@yahoo.com  
Payam Varedi  
payam.varedi@yahoo.com

- <sup>1</sup> Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Qazvin University of Medical Sciences, Qazvin, Iran
- <sup>2</sup> Craniomaxillofacial Research Center, Department of Oral and Maxillofacial Surgery, Shariati Hospital, Tehran University of Medical Sciences, Tehran, Iran
- <sup>3</sup> Department of Oral and Maxillofacial Surgery, Buali Hospital, Islamic Azad University of Medical Sciences, Tehran, Iran

**Table 1** Summarized data of 7 studies included in review about the clinical use of autologous blood for treatment of chronic recurrent TMJ dislocation

Author(s)	Journal /year of publication	Year of publication	Type of the article	Number of patients/gender	Age (year)	Tools of diagnosis	Preoperative maximum interincisal opening MIO (mm)	Episodes of dislocation	Type of anesthesia
Hegab <sup>(17)</sup>	Br J Oral Maxillofac Surg	2013	Prospective randomized clinical trial	48 (11 M/ 37 F)	23–53 (average: 33)	History, clinical and radiographic examination	45–56	Not mentioned	Not mentioned
Candirli et al. <sup>(3)</sup>	Imaging Science in Dentistry	2012	Prospective clinical trial	14/ (5 M/9 F)	17–74 (average: not mentioned)	Clinical & radiographic criteria	36–48 (average: 41)	At least twice a week	Local anesthesia (into the auriculotemporal nerve)
Daif <sup>(4)</sup>	Oral Surg Oral Med Oral Pathol Oral Radiol Endod	2010	Prospective clinical trial	30(12 M/ 18 F)	20–56 (average: 34)	Clinical & radiographic criteria of Nitzan <sup>(26)</sup>	34–47 (average:40.5)	3 times a day to 2 times a week	Local anesthesia (into the auriculotem poral nerve)
Machon et al. <sup>(1)</sup>	J Oral Maxillofac Surg	2009	Prospective clinical trial	25(6 M/19 F)	17–58 (average: 32.7)	Clinical & radiographic (panoramic) criteria of Nitzan <sup>(26)</sup>	32–45 (average: 37)	Every mouth opening to once a week (average: once a day)	Local anesthesia (into the auriculotemporal nerve)
Pinto et al. <sup>(16)</sup>	Br J Oral Maxillofac Surg	2009	Case report	1(F)	83	Clinical	Not mentioned	Not mentioned	Local anesthesia
Kato et al. <sup>(15)</sup>	Journal of Oral Science	2007	Case report	1 (F)	84	Clinical	Not mentioned	More than 5 times a day	Local anesthesia (into the preauricular region)
Hasson and Nahlilel <sup>(2)</sup>	Oral Surg Oral Med Oral Pathol Oral Radiol Endod	2001	Case report (3 cases)	2 (M) 1 (F)	Case 1: 55 Case 2: 40 Case 3:25	Clinical & radiographic criteria	Not mentioned	Not mentioned	Local anesthesia (into the preauricular region) plus: general anesthesia for case 1 conscious sedation for case 2, and general anesthesia for case 3

  

Author(s)	Location of the blood injection/ needle's gauge	Technique of arthrocentesis	Site of autologous blood withdrawal	Treatment group(s)	Postoperative cares	Follow-up parameters	Follow-up period	Complication
Hegab <sup>(17)</sup>	10 mm anterior to the tragus and 2 mm inferior to the tragal-cantial line/ 18	Double-needle technique using 20 ml of lactated Ringers solution	Cubital fossa	A: (n=16) Injection of blood to SJS* (4 ml) and PT** (1 ml) B: (n=16) IMF** for 4 weeks C: (n=6) Injection of blood to SJS (4 ml) and PT (1 ml)+IMF for 4 weeks 4 ml blood in to the SJS+1 ml around the capsule	Restriction of mouth opening Soft diet for 14 days NSAID drugs to control the pain during the first postoperative week	2 weeks, and 1, 3, 6, and 12 months after ABI or release of the IMF	Not seen	
Candirli et al. <sup>(3)</sup>	10 mm anterior to the tragus and 2 mm inferior to the tragal-cantial line/ 21	Single-needle technique of Guarda-Nardini et al. (19/1) using 4 ml of saline	Anticubital fossa	A: (n=15) 2 ml blood into SJS*** B: (n=15) 2 ml blood into the SJS+ 1 ml in the PT****	Elastic bandage for the first 24 h Restriction of mouth opening Soft diet for 7 days Antibiotics (amoxicillin) and nonsteroidal anti-inflammatory drugs (ibuprofen) for 1 week	Bilateral MRI images	Not seen	
Daif <sup>(4)</sup>	10 mm anterior to the tragus and 2 mm inferior to the tragal-cantial line/ 18	Double-needle technique using 5 ml of lactated Ringers solution	Anticubital fossa	2 ml blood in to the SJS+1 ml around the capsule	Elastic bandage for the first 24 h Restriction of mouth opening Soft diet for 7 days Antibiotics (amoxicillin) and nonsteroidal anti-inflammatory drugs (ibuprofen) for 1 week	Clinical examination, measuring the MIO, lateral TMJ radiographs and 1 year	2 weeks, 4 weeks, 3 months, 6 months, and 1 year	Not seen
Machon et al. <sup>(1)</sup>	10 mm anterior to the tragus and 2 mm inferior to the tragal-cantial line/ 18	Double-needle technique using 5 ml of lactated Ringers solution	Anticubital fossa	2 ml blood in to the SJS+1 ml around the capsule	Occlusive head bandage (for 2 weeks all the time then only while sleeping	Report of the number of dislocations episodes by the patient, clinical	1 week, 2 weeks, 4 weeks, 3 months, 6 months, and 1 year	Not seen

**Table 1** (continued)

Author(s)	Location of the blood injection/needle's gauge	Technique of arthrocentesis	Site of autologous blood withdrawal	Treatment group(s)	Postoperative cares	Follow-up parameters	Follow-up period	Complication
	inferior to the tragal-cantial line/ 18	(the second needle was removed before blood injection)			Restriction of the mouth opening to 20 mm (for 2 weeks then start controlled jaw movement)	examination, measuring the MIO,		
Pinto et al. <sup>(16)</sup>	Not mentioned/ Not mentioned	Not performed	Not mentioned	10 ml blood into the SJS and periaricular tissues	Soft diet (for 2 weeks) Face lift bandage for 1 month	Clinical examination	Over 12 month	Not seen
Kato et al. <sup>(15)</sup>		Not performed	Not mentioned	3 ml blood in to the SJS+ 1 ml around the capsule	Occlusive head bandage for one month			Not seen
Hasson and Nahlieli <sup>(2)</sup>	10 mm anterior to the tragus and 2 mm inferior to the tragal-cantial line/ 19	Single-needle technique: injection of 3 cc of saline	Cubital fossa	4 ml blood into the SJS+ 1 ml in the PT	Fixation of the mandible with a bandage for 1 month Restriction of the mouth opening for 7 days Soft diet for 1 week Cephalosporin and nonsteroidal anti-inflammatory for 7 days Physiotherapy	Not mentioned	Case 1: 3 years Case 2: 1 year Case 3: 18 months	Not seen

Adapted from references 1, 2, 3, 4, 15, 16, 17  
*SJS* superior joint space; *PT* pericapsular tissues; *IMF* inter maxillary fixation