

## Erratum to: Non-fecalith-induced appendicitis: etiology, imaging, and pathology

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Published online: 16 April 2016  
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**Erratum to: Emerg Radiol (2015) 22:643–649**  
**DOI: 10.1007/s10140-015-1338-1**

The original version of this article contained errors. The legends of Figs. 3 and 4 are correct; however, their corresponding images are not. The image shown in Fig. 3 should be for Fig. 4; and the image in Fig. 4 should be for Fig. 3.

Also, some words were missing in the last line of Fig. 3 legend. The last sentence should read “Note the prominent appendiceal tip (arrows) in this patient with early appendiceal tip involvement secondary to lymphoid hyperplasia. This patient also recovered.”

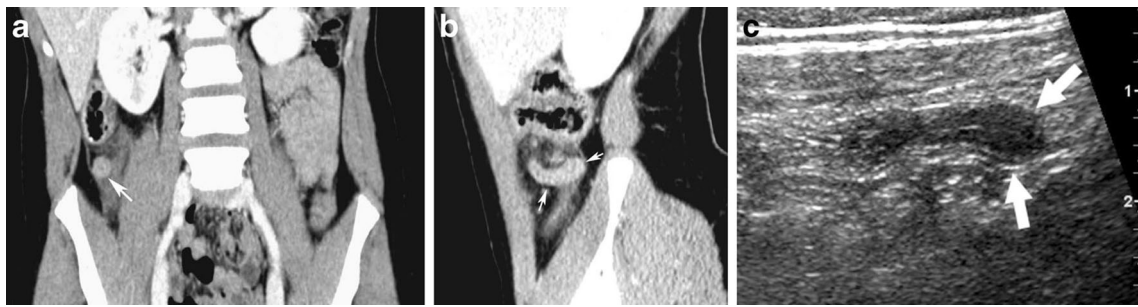
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The online version of the original article can be found at <http://dx.doi.org/10.1007/s10140-015-1338-1>.

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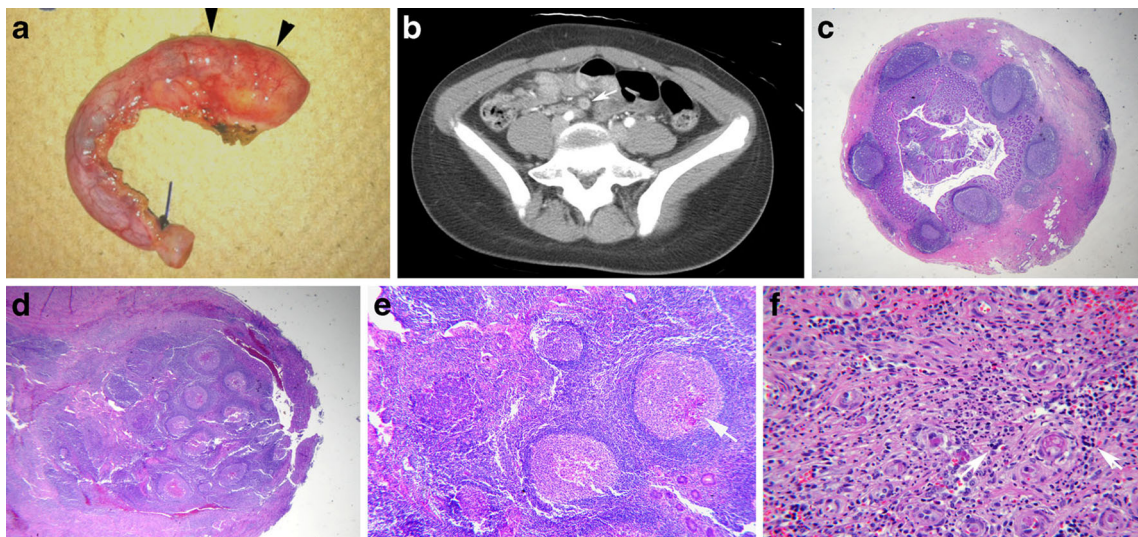
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**Fig. 3** Prominent tip: reversal offindings. **a** CT: axial image. This patient had acute right lower quadrant pain. The appendix (*arrow*) was identified and the tip appeared a little fuzzy. In addition, there was some early peri-appendiceal fat stranding. **b** CT: sagittal reconstruction. Note the swollen appendix which is hyperintense with a prominent, more swollen, and bulbous tip (*upper arrow*). These findings would be consistent with early viral appendicitis possibly going on to purulent appendicitis. This

patient was assessed by surgery and thought not to have a surgical abdomen. He was observed for 23 h, and by the end of that time was eating and ready to go home. **c** Ultrasound findings. Note the prominent appendiceal tip (*arrows*) in this patient with early appendiceal tip involvement secondary to lymphoid hyperplasia. This patient also recovered



**Fig. 4** Pink appendix with bulbous tip. **a** Note a typical pink appendix but also note that the tip (*arrowheads*) is swollen, more bulbous, and larger. **b** Axial CT study in this patient demonstrates the appendiceal tip (*arrow*) to be a little indistinct and fuzzy consistent with early inflammation. **c** Low power cross-section histologic image of the proximal appendix. Note the clean, well-formed purple germinal centers

surrounding the lumen. **d** Low-power longitudinal section of the tip. Again, note numerous purple germinal centers but that some of them appear to be undergoing ischemic/hemorrhagic disorganization. **e** High-power view of the germinal centers demonstrates early hemorrhage (*arrow*). **f** Another high-power view of the germinal centers shows early infiltration by neutrophils (*arrows*)