



## Correction to: Taurodontism

David MacDonald<sup>1,2</sup>

Published online: 1 June 2019

© Japanese Society for Oral and Maxillofacial Radiology and Springer Nature Singapore Pte Ltd. 2019

### Correction to: Oral Radiology

<https://doi.org/10.1007/s11282-019-00386-1>

In the original publication of the article, few errors were identified. The corrections are given below:

In the Abstract section the sentence was written as: “in case series of otherwise normal individuals a number of Middle.” It should be corrected as: “in case series of otherwise normal individuals in Brazilian of Middle” and the sentence was written as: “measurements to better advise their clinical colleagues”. It should be corrected as: “measurements to advise better their clinical colleagues”.

In the first paragraph, the sentence was written as: “This vertical elongation of the pulp chamber of teeth, which displaces the furcation of the roots in multirooted teeth apical.” It should be corrected as: “This vertical elongation of the pulp chamber of teeth, which displaces the furcation of the roots in multirooted teeth apically”.

In the second paragraph, the sentence was written as: “Hitherto, taurodontism has been considered primarily as a marker of oro-facial abnormalities such as amelogenesis imperfecta [4] and cleft lip and palate; Weckwerth et al. [2] above found taurodontism in 60–67% of such cases”. It should be corrected as: “Hitherto, taurodontism has been considered primarily as a marker of oro-facial abnormalities such as amelogenesis imperfecta [4] and cleft lip and palate; Weckwerth et al. [2] found taurodontism in 60–67% in the latter” and the sentence was written as: “who are most likely to be in the care of the orthodontist and/or the pedodontist, specialist in dental development. Inspired by

the unexpected observation of taurodontism in patients presenting for routine treatment [6]. Shifman and Chananel”.

It should be corrected as: “who are most likely to be in the care of the orthodontist and/or the pedodontist, specialists in dental development. Inspired by the unexpected observation of taurodontism in patients presenting for routine treatment [6], Shifman and Chananel”.

In the fourth paragraph, the sentence was written as: “Panoramic radiography had only become to general clinical use relatively recently to their study [7]”. It should be corrected as: “Panoramic radiography has only come into general clinical use relatively recently [7].

In the sixth paragraph the sentence was written as: “Indeed the lowest point of the roof of the pulp chamber, in 8% of the Chinese teeth, was actually below that of the ECJ [3]. In such cases, those teeth determined objectively, by measurement, to be taurodonts could, by subjective evaluation, be cynodonts. In the latter case, taurodontism would be under-reported. This is even more so likely as the majority of taurodonts are hypotaurodonts, with only a few hyper-taurodonts [1–3]”. It should be corrected as: “Indeed the lowest point of the roof of the pulp chamber, in 8% of the Chinese teeth, was actually apical to that of the ECJ [3]. In such cases, those teeth determined objectively, by digital measurement, would be less taurodontic. In addition to invalidating Variable 3, this could result in an under-reporting of taurodontism. This is even more so likely as the majority of taurodonts are hypo-taurodonts, with only a few hypertaurodonts [1–3]”.

In the eight paragraph, the sentence was written as: “a focus on mandibular molars will result in a lower overall prevalence. Brkić and Filipović [13]”. It should be corrected as: “a focus on mandibular molars will result in a lower overall prevalence. Brkić and Filipović’s [13]”.

In the ninth paragraph, the sentence was written as: “It was found in 22% of all first and second molar teeth examined, the prevalence was significantly greater in females (26% as compared with 17% in males,  $P < 0.001$ ) [3]. This sex difference has since been only reported recently on Weckwerth et al.’s controls”. It should be corrected

The original article can be found online at <https://doi.org/10.1007/s11282-019-00386-1>.

✉ David MacDonald  
[dmacdon@dentistry.ubc.ca](mailto:dmacdon@dentistry.ubc.ca)

<sup>1</sup> Division of Oral and Maxillofacial Radiology, University of British Columbia, 2199 Wesbrook Mall, Vancouver, BC V6T 1Z3, Canada

<sup>2</sup> British Columbia Cancer Agency, Vancouver, Canada

as: “It was found that in 22% of all first and second molar teeth examined, the prevalence was significantly greater in females (26% as compared with 17% in males,  $P < 0.001$ ) [3]. This sex difference has since been reported in Weckwerth et al.’s controls”.

In the tenth paragraph, the sentence was written as: “some authorities add a lack of constriction at the cemento-enamel junction (CEJ) [5]”. It should be corrected as: “some authorities add a lack of constriction at the ECJ [5].

In Table 1 column 2 the sentence was written as: “Over 30–40”. It should be corrected as: “Over 30 to up to 40”.

In Figure 2 caption the bracket on the numbers 1, 2 and 3 should be ingored.

In figure 3 caption the sentence was written as: “the height of the pulp chamber, between the lowest point of the roof and the highest point of the floor; 1 (variable 2)”. It should be corrected as: “the height of the pulp chamber, between the lowest point of the roof and the highest point of the floor; 2 (variable 2)”.

The original article has been corrected.

**Publisher’s Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations