

Erratum to: Reconstruction After Hemipelvectomy With the Ice-Cream Cone Prosthesis: What Are the Short-term Clinical Results?

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Published online: 11 May 2016
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Erratum to: Clin Orthop Relat Res
DOI 10.1007/s11999-016-4747-x

In the Results section of the Abstract, the sentences:

Local wound complication occurred in five of the 10 of the patients and two developed deep infection. None of them had to be removed.

should read:

Surgical site complications occurred in five patients. Of those, two developed superficial infections with necrosis, two developed deep infections, and one patient developed wound necrosis without apparent infection. No prostheses were removed as a result of these complications.

In the Results section, the sentences:

Local wound complication with necrosis was observed in four of 10 patients. Four patients had wound infections; two of them were superficial infections and were managed with irrigation and débridement, a vascularized flap (one VRAM flap and one gluteus flap), and antibiotics with good results. The other two patients had deep infections, One of them, with an *Enterococcus cloacae* infection, was operated on with irrigation and

débridement, polyethylene exchange, and a VRAM flap; this patient also developed recurrent dislocation, which was treated in the same surgery with cemented cup repositioning. The other patient with a deep infection was an elderly woman who developed a chronic *Candida albicans* infection, and she is being managed on suppressive antifungal treatment. No patient has undergone Ice-Cream Cone implant removal or amputation.

should read:

Surgical site complications occurred in five patients. Of those, two developed superficial infections with necrosis, two developed deep infections, and one patient developed wound necrosis without apparent infection. The patients with superficial infections were managed with irrigation and débridement, a vascularized flap (one VRAM flap and one gluteus flap), and antibiotics with good results. As noted, two patients had deep infections. One of them, with an *Enterococcus cloacae* infection, was treated with surgical irrigation and débridement, polyethylene exchange and a VRAM flap; this patient also developed recurrent dislocation, which was treated during that same procedure with cemented acetabular revision. The other patient with a deep infection was an elderly woman who developed a chronic *Candida albicans* infection, and she is being managed on suppressive antifungal treatment. The one patient who had a wound necrosis without apparent infection was managed with a local gluteus maximus flap. No patient has undergone Ice-Cream Cone implant removal or amputation.

Additionally, in the Results section, a heading in Table 2 is incorrect. The heading, “Zones resected” should be “Stage”.

The authors apologize for the errors.

The online version of the original article can be found under doi:10.1007/s11999-016-4747-x.

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