ERRATUM

Erratum to: Intraoperative detection of viable bone with fluorescence imaging using Visually Enhanced Lesion Scope in patients with bisphosphonate-related osteonecrosis of the jaw: clinical and pathological evaluation

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The figure and table captions in the original publication were unfortunately incorrect. All tables and figures are reproduced here with the correct legends. The publisher and author regret the inconvenience caused.

The online version of the original article can be found at <http://dx.doi.org/10.1007/s00198-015-3096-z>.

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Table 2 The schematic drawing of the BRONJ treatment protocol in our hospital

Fig. 1 Case 1: **a** intraoral photograph shows the exposure of the buccal cortical bone. Panoramic radiogram (**b**) and computed tomography (**c, d**) show sequestrum formation and maxillary sinusitis. Case 2: **e** panoramic radiogram of the initial visit. **f** After conservative treatment, bone destruction was enhanced. **g, h** Computed tomography shows sequestrum formation and bone destruction to reach the mandibular canal

Fig. 2 **a** Intraoperative picture after bone resection. **b** Covered with buccal fat pad. **c, d** The extent of the unhealthy bone became obvious by use of VELscope®. *Arrow heads* show bone fluorescence areas

Fig. 3 Clinical picture (**a, c**) and fluorescence picture (**b, d, e**) of intraoperative fluorescence-guided bone resection by use of VELscope®

Fig. 4 **c, d** Histopathological findings of the following section in **a** and **b** ($\times 40$ magnification)

Fig. 5 Clinical pictures and fluorescence pictures of the postoperative resected mandible. **a, b** Buccal side. **c, d** Lingual side. **e, f** Sagittal cutting surface. **g** Villanueva bone stain of the sagittal split surface of the postoperative resected mandible (blue minocycline area, red non-minocycline area)

Fig. 6 Histopathological findings of the following section in Fig 5g. The figure shows little compact bone tissue in the substantial portion of cortical bone per low-power field (**a**) and dense, irregular bony trabeculae bordered by an active layer of osteoblasts and intermingled fibrous tissue with mild lymphocytic infiltration per high-power field (**b**) ($\times 40$ magnification)