Erratum to: Preservation of Genital Innervation in Women During Total Mesorectal Excision: Which Anterior Plane?

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In the original article the captions for Figs. 4 and 5 are transposed. Following are the figures with their correct corresponding captions:

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Fig. 4 Three-dimensional (3D) view of fetus intrapelvic organs with pelvic nerves. Superior infraperitoneal 3D view of a 30-week-old female fetus: intrapelvic organs with immunolabeled pelvic nerves showing the position of the inferior hypogastric plexus (IHP) on the lateral aspects of the rectum. From the IHP, efferent branches rise in distal directions: postero-inferior for the rectal wall, lateral for the levator ani muscles, and antero-inferior to form the NVBs. Some fibers from the NVBs branch medially to innervate the posterior vaginal wall. More caudally, the bundle puts out fibers in three major projections: an anterior projection for the urethral sphincter complex, an anterolateral projection (the cavernous nerve) that travels anterolaterally to the vagina to reach the corpora cavernosa, and a posterolateral projection (the spongy nerve) that continues posterolaterally to the vagina to innervate the corpus spongiosum. In *inset*, blue arrows show the directions of the IHP and NVB main terminal efferences. *Ur* urethra

Fig. 5 Morphologic and functional systematization of the NVB. Histologic 5- μ m-thick transverse sections of a 30-week-old female fetus scanned at an optical resolution of 4,800 dpi, stained with hematoxylin/eosin (**a**) and immunolabeled with anti-S100 antibody (**b**), anti-TH (**c**), anti-nNOS (**d**), and anti-VACHT (**e**). Neurovascular

bundles consist of nerve fibers and vaginal blood vessels scattered throughout the posterior and anterior extension of the RVS in a triangularly shaped space. *LAM* levator ani muscle; *PM* piriform muscle; *PN* pudendal nerve