Erratum to: Selective Embolization of Systemic Collaterals for the Treatment of Recurrent Hemoptysis Secondary to Unilateral Absence of Pulmonary Artery in a Child

Yin Zhou¹ · Jiaywei Tsauo² · Yuan Li¹ · Xiao Li²

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A section of the article text was mistakenly removed from the published text. In the Case section of the article, a section of the paragraph currently reads:

The pulmonary artery pressure was normal within limits. Thoracic descending aortography confirmed the presence of bronchial systemic collaterals in the left lung (Fig. 2B). The patient recovered uneventfully and was discharged on the following day. She remained asymptomatic with no recurrence of hemoptysis at 8 months follow-up.

The section should say:

The pulmonary artery pressure was normal within limits. Thoracic descending aortography confirmed the presence of bronchial systemic collaterals in the left lung (Fig. 2B).

Selective bronchial angiography performed with a 4-French Cobra 2 catheter (Terumo, Tokyo, Japan) showed dilated, tortuous systemic collaterals supplying the entire left lung with parenchymal staining (Fig. 2C). Selective embolization was performed by coaxially placing a 2.5-French microcatheter (Mira-Flex; Cook, Bloomington, IN, USA) into the branches of the bronchial artery and using 2–3-mm diameter microcoils (Tornado; Cook) (Fig. 2D). The procedure time was 42 min, the fluoroscopy time was 11 min, and the dose area product (DAP) was 13,487 mGy cm². The patient recovered uneventfully and was discharged on the following day. She remained asymptomatic with no recurrence of hemoptysis at 8 months follow-up.

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✉ Xiao Li
simonlixiao@gmail.com

Yin Zhou
zhouyin502@163.com

Jiaywei Tsauo
80732059@qq.com

Yuan Li
liyuanletters@163.com

¹ Department of Pediatric Surgery, West China Hospital, Sichuan University, Chengdu 610041, Sichuan, China

² Institute of Interventional Radiology, West China Hospital, Sichuan University, Chengdu 610041, Sichuan, China