Correction to: MRI and multiple sclerosis—the evolving role of MRI in the diagnosis and management of MS: a clinician’s perspective

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The original version of this article unfortunately contained a mistake. The presentation of Table 1 was incorrectly captured. The Publisher regrets that it introduced errors to Table 1 during the typesetting of the article. The corrected Table is given below. The original article has been corrected.

Table 1 Information required by the neurologist from a radiology report and implications for clinical practice. Abbreviations: *DIS - dissemination in space, †DIT - dissemination in time, ‡PML – progressive multifocal leukoencephalopathy

Purpose of scan	Information required from radiology report	Implications for clinical practice
Diagnostic	Evidence of T2-weighted lesions or gadolinium enhancing lesions on baseline scan in a distribution compatible with demyelination or new lesions on follow up scan	Evidence of DIS* and DIT† – facilitates diagnosis of MS and consider starting disease modifying drug
Monitoring of disease modifying drug efficacy in relapsing remitting MS	Evidence of new or enlarging lesions	If evidence of radiological activity – consider escalation of disease modifying therapy
Monitoring for PML‡ on natalizumab treatment	Radiological evidence of PML	If report suggestive of PML - stop natalizumab and arrange lumbar puncture to test for JC virus in cerebrospinal fluid

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