Erratum to: Fertility-sparing for young patients with gynecologic cancer: How MRI can guide patient selection prior to conservative management

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The original version of this article unfortunately contained mistakes. The Figs. 7D, 7E and 7F were missing in the article and arrows were missing in the Figs. 6C, 8B and 11C. The year of publication and volume number for references 19, 79 and 87 have been updated. Also, the

Table 2 layout has been improved for better readability. The Publisher apologizes for the mistakes and the inconvenience caused.

The corrected Figs. 6–8 and 11 are provided here.

The original article was corrected.

The online version of the original article can be found under doi:
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Table 2. Tailored MR Imaging Protocols for the Initial Work-Up of Gynecologic Cancers and Adnexal Lesions

Patient preparation, positioning, and coil selection			
<ul style="list-style-type: none"> ✓ Fast 4–6 h before ✓ Empty the bladder ✓ Anti-peristaltic agent administration (IM or IV) ✓ Supine position ✓ ≥1.5-Tesla magnet ✓ Multi-channel phased-array receiver coil ✓ Optional <ul style="list-style-type: none"> • Endovaginal receiver coils for small cervical lesions • Vaginal opacification with gel for cervical cancer 			
Tailored MR imaging protocols			
<ul style="list-style-type: none"> ✓ Large FOV T1WI ± T2WI ✓ T1WI without and with fat saturation 			
	<ul style="list-style-type: none"> • From the top of the kidneys to the iliac crests (Upper abdomen) • Pelvis, Axial plane 		
	Cervical cancer	Endometrial cancer	Adnexal mass
✓ High-resolution small FOV T2WI	<ul style="list-style-type: none"> • Sagittal plane • Axial oblique plane (perpendicular to the endocervical canal) • Optional: Coronal oblique plane (parallel to the endocervical canal) 	<ul style="list-style-type: none"> • Sagittal plane • Axial oblique plane (perpendicular to the endometrial cavity) 	<ul style="list-style-type: none"> • Sagittal plane • Axial plane • Axial oblique plane (ovarian axis)
✓ DWI and ADC map	<ul style="list-style-type: none"> • Sagittal plane • Axial oblique plane in the same orientations as axial oblique T2WI • Optional: Coronal oblique DWI (parallel to the endocervical canal) 	<ul style="list-style-type: none"> • Sagittal plane • Axial oblique plane in the same orientations as axial oblique T2WI 	<ul style="list-style-type: none"> • Axial plane
✓ DCE-MRI	<ul style="list-style-type: none"> • Useful for assessment of small tumors • DCE-MRI: Sagittal plane • Delayed CE: Axial oblique plane 	<ul style="list-style-type: none"> • DCE-MRI: Sagittal plane • Delayed CE: Axial oblique plane 	<ul style="list-style-type: none"> • Axial plane

IM intramuscular, *IV* intravenous, *MR* magnetic resonance, *FOV* field of view, *T1WI* T1-weighted imaging, *T2WI* T2-weighted imaging, *DWI* diffusion weighted imaging, *ADC* apparent diffusion coefficient, *DCE-MRI* dynamic contrast-enhanced MRI, *CE* contrast enhancement

Fig. 6. 37-year-old woman with Stage IB1 cervical cancer. **A** Sagittal T2WI demonstrates 2.7-cm endophytic intermediate-SI tumor (*white arrow*). **B**, **C**. Axial oblique T2WI and fused (T2WI + DWI) image, respectively, show tumor exten-

sion to the internal os and left parametrial invasion (*black arrows*). The internal os is demarcated as the entrance of the uterine vessels (*white arrows*).

Fig. 7. 40-year-old woman with new onset menorrhagia and D&C demonstrating FIGO grade 1 endometrioid adenocarcinoma. **A, B.** Sagittal and axial oblique T2WI demonstrate intermediate-SI tumor in the endometrial cavity and preserved smooth interface between the tumor and low-SI junctional zone (*white arrows*). **C, D.** Sagittal and axial oblique fused

(T2WI + DWI) images confirm smooth interface between the tumor and junctional zone (*white arrows*). **E, F.** Sagittal early (**E**) and delayed DCE-MRI (**F**) images show intact band of junctional zone enhancement (*black arrows*) and smooth tumor-to-myometrium interface (*black arrows*), respectively.

Fig. 7. continued.

Fig. 8. 23-year-old woman with dysgerminoma who presented with low back pain and elevated serum LDH and β -HCG. **A, B** Axial and sagittal T2WI show solid intermediate-SI adnexal mass with low-SI fibrovascular septa (*white arrows*).

C, D Axial DWI and ADC map demonstrate diffusion restriction. **E** Axial contrast-enhanced image shows solid enhancing adnexal mass with avidly enhancing fibrovascular septa (*black arrows*).

Fig. 11. 20-year-old woman with bilateral serous borderline ovarian tumors who presented with lower abdominal pain and elevated serum CA-125 level. **A** Axial T2WI of the right adnexa shows cystic and solid right adnexal mass with large branching papillary projections (*black arrow*) extending into the pouch of Douglas. **B** Axial T2WI of the left adnexa shows

small cystic lesion with small intermediate-SI papillary projections (*black arrow*). **C, D** Axial fused (T2WI + DWI) images demonstrate restricted diffusion within papillary projections (*white arrows*). **E, F** Axial contrast-enhanced images show enhancement within these papillary projections (*white arrows*).

Reference

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