CORRECTION





Correction to: Outcomes Following Percutaneous Cholecystostomy Tube Placement for Acalculous Versus Calculous Cholecystitis

Stephanie Y. Chen¹ · Raymond Huang¹ · Joseph Kallini² · Ashley M. Wachsman² · Richard J. Van Allan^{2,3} · Daniel R. Margulies¹ · Edward H. Phillips¹ · Galinos Barmparas¹

Published online: 24 June 2022

© The Author(s) under exclusive licence to Société Internationale de Chirurgie 2022

Correction to:

World Journal of Surgery https://doi.org/10.1007/s00268-022-06566-1

The fourth sentence in the Results section of the abstract is correct as follows:

2/24 (8.3%) AAC patients and 5/31 (16.1%) ACC patients developed recurrent cholecystitis at a median

208.0 days (IQR: 64.0–417.0) after PCT placement and 115.0 days (IQR: 7.0–403.0) following PCT removal. The original article was corrected.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

The original article can be found online at https://doi.org/10.1007/s00268-022-06566-1.

☐ Galinos Barmparas Galinos.Barmparas@cshs.org

- Department of Surgery, Division of Acute Care Surgery and Surgical Critical Care, Cedars-Sinai Medical Center, 8635 West 3rd Street, Suite 650W, Los Angeles, CA 90048, USA
- Department of Imaging, Cedars-Sinai Medical Center, Los Angeles, CA, USA
- ³ Section of Interventional Radiology, Department of Imaging, Cedars-Sinai Medical Center, Los Angeles, CA, USA

