


## Correction to: Aortic Dissection Secondary to Iliac Venous Stenting in an Elderly Patient

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**Correction to:**  
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The Authors would like to correct a typesetting mistake that was present in the final article.

The sentences in the lines 25–38:

“The patient was urgently planned for early thrombus removal using percutaneous mechanical thrombectomy. (Fig. 2) Marlborough, Mass). The ilio-femoral segment was, then, investigated using intravascular ultrasound (IVUS), which evidenced a LCIV area reduction higher than 50% confirming May-Thurner compression. A pre-dilatation was performed using a non-compliant balloon (Atlas Gold 16 × 40 mm; BARD Peripheral Vascular Inc., Tempe, AZ) inflated at 10 atm, followed by Through a left popliteal vein access, the femoro-iliac recanalization was successfully performed employing the AngioJet thrombectomy system (ZelanteDVT catheter; Boston Scientific, stent placement (Vici 16 × 120 mm, Boston Scientific, Marlborough, Mass.) in the LCIV”,

should be replaced with:

“The patient was urgently planned for early thrombus removal using percutaneous mechanical thrombectomy. (Fig. 2) Through a left popliteal vein access, the femoro-iliac recanalization was successfully performed employing the AngioJet thrombectomy system (ZelanteDVT catheter; Boston Scientific, Marlborough, Mass). The ilio-femoral segment was, then, investigated using intravascular ultrasound (IVUS), which evidenced a LCIV area reduction higher than 50% confirming May-Thurner compression. A pre-dilatation was performed using a non-compliant balloon (Atlas Gold 16 × 40 mm; BARD Peripheral Vascular Inc., Tempe, AZ) inflated at 10 atm, followed by stent placement (Vici 16 × 120 mm, Boston Scientific, Marlborough, Mass.) in the LCIV”.

The original article has been corrected.

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