Mario Alerci
Michel Oberson
Antonella Fogliata
Augusto Gallino
Peter Vock
Rolf Wyttenbach

Prospective, intraindividual comparison of MRI versus MDCT for endoleak detection after endovascular repair of abdominal aortic aneurysms

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Due to an unfortunate error that occurred during the final editing process after proof reading by the authors, Figs. 3 and 4 were distorted and the arrows were misplaced. The correct figures with the corresponding legends are shown below. We regret the error.

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M. Alerci · R. Wyttenbach (✉)
Department of Radiology, Ospedale
San Giovanni Bellinzona (EOC),
6500 Bellinzona, Switzerland
e-mail: rolf.wyttenbach@bluewin.ch

M. Oberson · A. Gallino
Department of Cardiology, Ospedale
San Giovanni Bellinzona (EOC),
Bellinzona, Switzerland

A. Fogliata
Department of Medical Physics,
Ospedale San Giovanni Bellinzona
(EOC),
Bellinzona, Switzerland

P. Vock
Department of Radiology, Inselspital,
University of Berne,
Berne, Switzerland

Fig. 3 Type II endoleak in a 74-year-old patient after EVAR. Axial delayed phase CT angiogram (a) and contrast-enhanced T1-weighted fast field echo MR image (b,c) with selective water excitation to suppress the signal from fat (T1 WATS) clearly show a

peripheral endoleak (arrows). The MR image on the right (c) again demonstrates the endoleak located near the ostia of the lumbar arteries, indicating a type II endoleak. The stent graft caused only minor artifacts on both CT (a) and MRI (b,c) studies

Fig. 4 Peripherally located type II endoleak in a 70-year-old patient after EVAR detected only on axial contrast-enhanced T1-weighted fast field echo MR image with fat suppression (T1 WATS) (a, arrow), but not visualized on corresponding axial CT angiogram (c),

neither on arterial (not shown) nor late contrast phase CT (c). The linear dense structure visualized on the late phase CTA image (c, arrowhead) represents a vascular calcification in the posterior aortic wall also shown on the unenhanced CT (b)