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CORRECTION

Correction to: Morphological characteristics of chronic total occlusion: predictors of different strategies for long-segment femoral arterial occlusions

Li-Ming Wei[1] · Yue-Qi Zhu[1] · Pei-Lei Zhang[1] · Fang Liu[2] · Hai-Tao Lu[1] · Jun-Gong Zhao[1]

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The original version of this article, published on 21 August 2017, unfortunately contained a mistake. The following correction has therefore been made in the original:
The legends to Fig. 2-4 were interchanged. The correct versions are given below. The original article has been corrected.

The online version of the original article can be found at https://doi.org/10.1007/s00330-017-5003-9

✉ Hai-Tao Lu
luhaitao1975@126.com

✉ Jun-Gong Zhao
zhaojungongradio@hotmail.com

[1] Department of Diagnostic and Interventional Radiology, Shanghai Jiaotong University Affiliated Sixth People's Hospital, No. 600, Yi Shan Road, Shanghai 200233, China

[2] Department of Endocrinology, Shanghai Jiaotong University Affiliated Sixth People's Hospital, No. 600, Yi Shan Road, Shanghai 200233, China

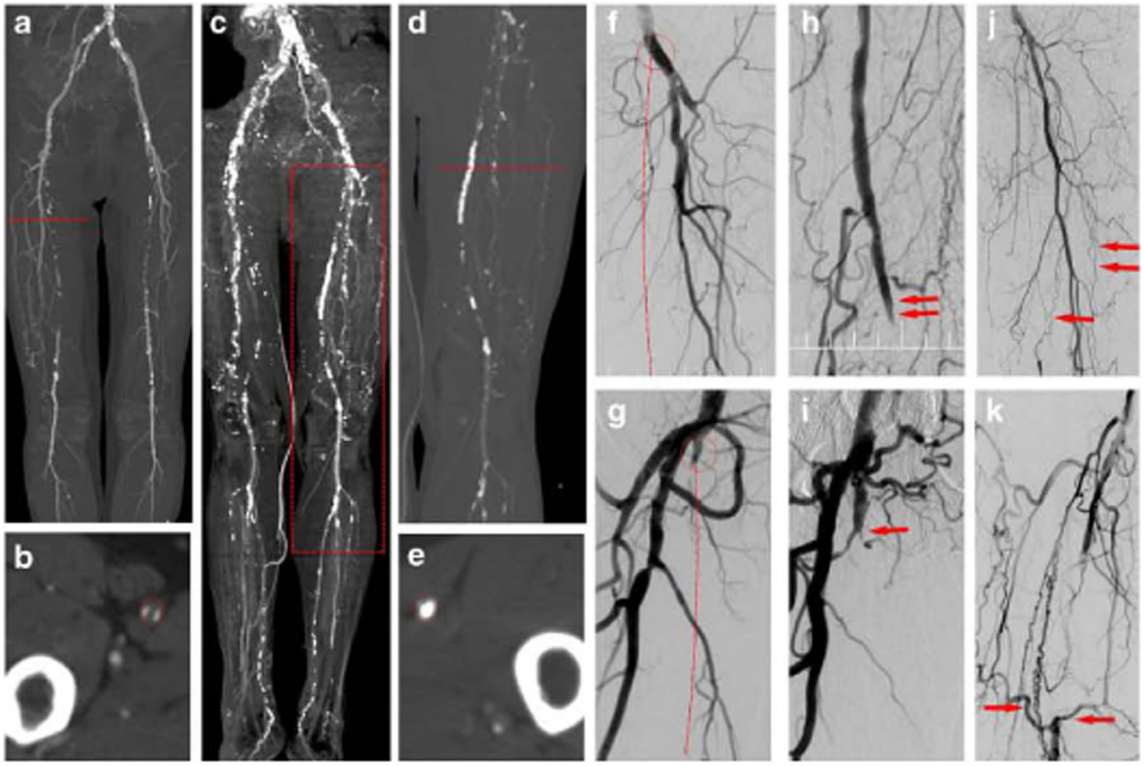

Fig. 2 CT images of representation for qualitative visual assessment of the global amount of calcification (**a**, **c**) and the characterisation of the calcifications based on their axial location (**b**, **e**). **d** Partial highlight of calcification grade 2. Stump morphology was classified as flush (**f**) or tapered (**g**) occlusion. Proximal side branches was defined as side branch of greater than 2.0 mm in size and within 2.0 cm proximal to the end of the occlusion. (**h** referred to no proximal side branch; **i** shows existence of proximal side branch). Small collateralisation was defined as circulation in areas occupying less than 25% of the imaged thigh area and less than 50% of the diameter of the SFA (**j**), whereas large collateralisation was defined as circulation areas occupying more than 25% of the imaged thigh and more than 50% of the diameter of the SFA (**k**)

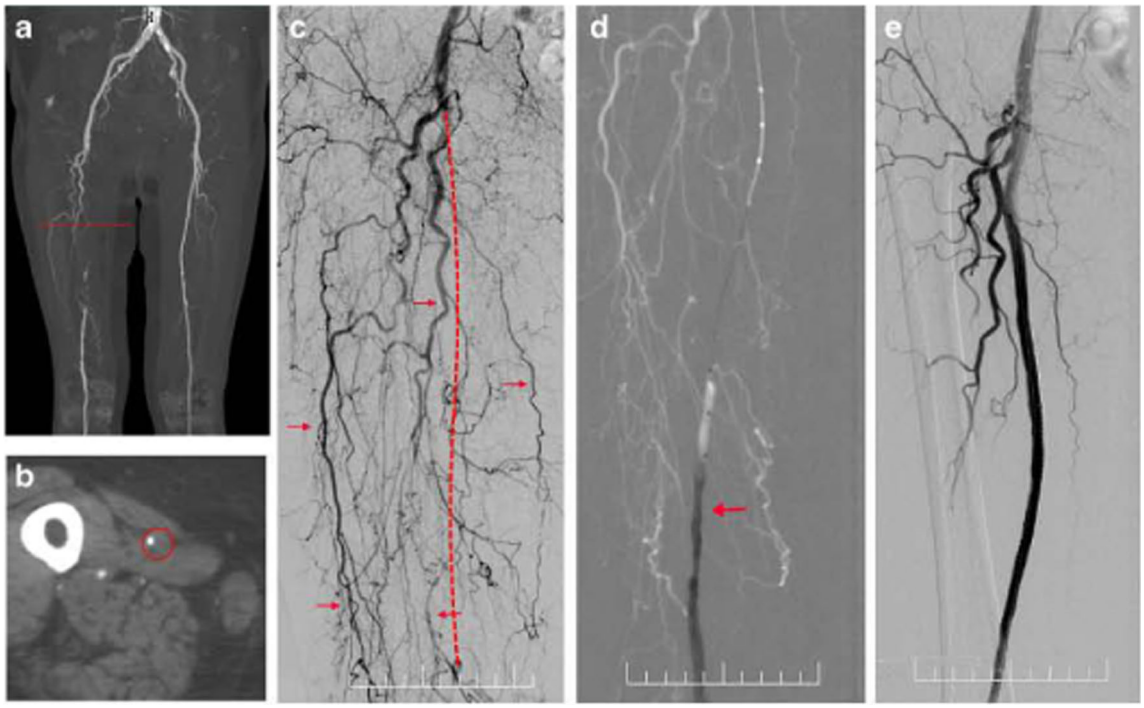

Fig. 3 Antegrade intraluminal recanalisation of a right superficial femoral artery (SFA) chronic total occlusion (CTO). An 83-year-old woman had severe claudication for 2 months and a 20-year history of diabetes. Lower limb CT angiography (CTA) showed long-segment occlusion in the right SFA accompanied by tapered stub (*bold arrow* in **a**), low calcification (*circle* in **b**) and small collateral circulation (*thin arrows* in **c**). After the antegrade guidewire and catheter passed though the occlusive artery successfully, contrast was injected to confirm the catheter was located in true lumen of distal runoff (**d**) and recanalisation of right SFA occlusion was achieved (**e**)

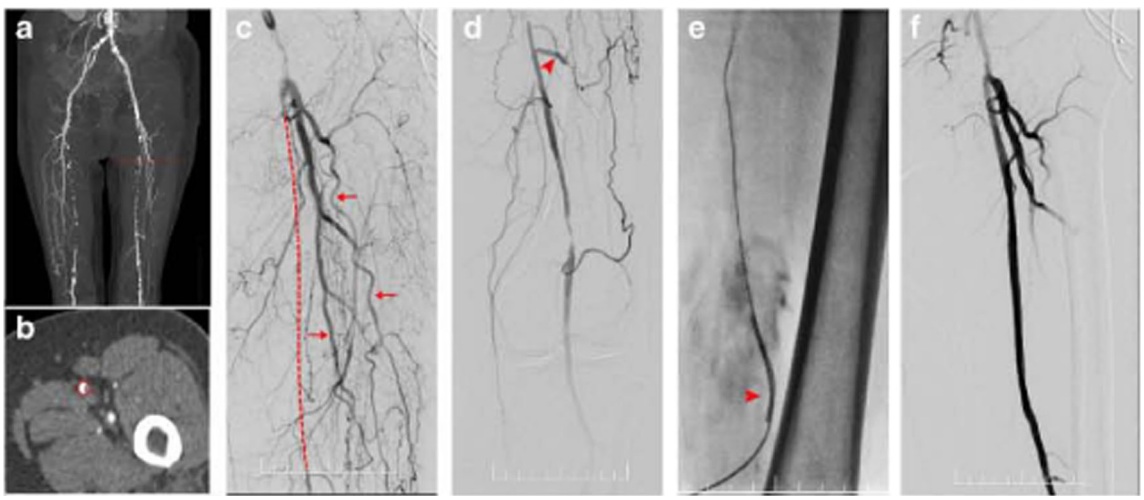

Fig. 4 Retrograde recanalisation of a left superficial femoral artery (SFA) chronic total occlusion (CTO). A 71-year-old woman with an 8-year history of diabetes suffered severe claudication for 15 months. Lower limb CT angiography (CTA) showed long-segment occlusion in the left SFA accompanied by severe calcification (*circle* in **b**), large collateral circulation (*thin arrows* in **c** and *arrowhead* in **d**). Successful recanalisation of the SFA was obtained with retrograde puncture in the distal SFA (**e**, **f**)