Correction to: Musculoskeletal infections caused by *Aerococcus urinae*: a case-based review

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The presentation of the Table 1 of the original version of this article was incorrectly published. The table is now presented correctly in this article.

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Table 1 Cases description and articles excluded by text

Reference	Gender/ Age	Previous pathology	Previous urological disease	Urinalysis	Urine culture	Blood culture	Other cultures
Aerococcus urinae musculoskeletal infections:							
1 Astudillo 2003 [8]	F/76	AH, T2-DM, CKD, CFH, Prosthetic aortic valve, T2-DM.		–	–	AU	
2 Tekin 2006 [9]	M/68		BPH.	–	–	AU	Bone Bx: AU
3 Jerome 2015 [10]	F/37		Urethral strictures (dilatations), Repetitive UTI.				
4 Torres-Martos 2017 [11]	M/79		Prostatic adenoma.		E. faecalis.	–	Disk fluid (aspiration): AU
5 Senneby 2011 [12]	M/72	CLL, COPD.	Urine retention (probable BPH).			AU	
6 Senneby 2011 [12]	M/91	CC.	BPH, Renal cancer.			AU	
7 Goetz 2013 [13]	M/38	Paraplegia.	UC, Recent UTI.	+	Str. spp.	–	Intraoperative fluid: AU (PC).
8 Opota 2015 [6]	F/60	RA, HS (MTX and DOX). One-stage hip prosthetic exchange (4 m before).					2 of 5 intraoperative Bx: AU. Sonicated prosthesis parts: - 2 SL ankle
9 Our case	M/63	AH, CKD, Chronic anaemia. Hiperuricemia.	Prostatic cancer, bone metastases, UHN, ureteral catheter. Repetitive UTI.	+	P. aerug.	AU	arthrocentesis: AU. Wrist SL (BACTEC): -
Aerococcus viridans musculoskeletal infections:							
10 Untereker 1975 [14]	M/54	Hearth murmur.	–			AU	Disc space biopsy: A.v.
11 Nasoodi 2008 [15]	M/63	AF, CCF, COPD, CLD (alcohol).			–	–	Bone and soft tissue spine Bx: A.v.
12 Bearwald 1990 [16]*	F/60					AU	Knee SL: A.v.
13 Taylor 1985 [17]	F/20	1 month previous therapeutic abortion (suction curettage).					Open hip Bx: A.v. (PC: previous arthrocentesis with fluoroscopic guidance).

Excluded by text:

Yasukawa 2014 [7]: serie of 93 patients with *Aerococcus* isolations, it only mentions the case of musculoskeletal infection described by Taylor 1985 [17].

Cruciani 1992 [23]: serie of 37 patients with gram-positive bacteraemia. Two patients presented arthritis but it is not specified if any of them was caused by *Aerococcus*. Electronic article is not available.

Popescu 2005 [24]: report of a 49 years-old woman with IE caused by A.v. that presented polymyalgia and diffuse myositis in the muscular biopsy. Biopsy culture is NR and there are no reasons to suspect an association of A.v. with he myositis.

Table 1 (continued)

	Aerococcus identification	Other techniques	Diagnosis	Other by Aerococcus	Antibiotic (duration)
Aerococcus urinae musculoskeletal infections:					
1		Scintigraphy. CT. TEE: -	SD L2-L3	Ba	IV: AMX + CLI (1 m). O: AMX (5 m) + CLI (1 m).
2	BBL-C GP ID Kit.	MRI TTE: +	SD L1-L2	Ba IE	IV: PEN + GEN (4 w). O: NR.
3	Biochemical and growth criteria.	CT	SD L2-L3		IV: TZP + VAN, CFZ (6w). O: NR.
4	MALDI-TOF MS 16S rDNA PCR	MRI	SD L4-L5		IV: AMP (5 w) + GEN (2 w). O: AMX (5 m).
5	16S rDNA PCR		SD	Ba	IV: CXM + PEN G (NR). O: AMX (NR).
6	16S rDNA PCR	TTE or TEE (NR): +	SD	Ba IE	IV: PEN + GEN (NR). O: not used.
7		CT	Hip abscess		IV: CFZ, CRO, VAN, TZP (NR). O: NR.
8	MALDI-TOF MS 16S rDNA PCR		Prosthetic hip SA		IV: VAN + RIF (2 w). O: LVX + RIF (3 m).
9	MALDI-TOF MS	US. MRI. Scintigraphy. TTE: -	Septic oligoarthritis	Ba	Others: Debridement. IV: AMP (4 w) + CAZ (10d). O: CIP (7 w).
Aerococcus viridans musculoskeletal infections:					
10	Biochemical and growth criteria.	CT	SD L4-L5	Ba IE	IV: PEN (5 w). O: PEN (2 w).
11	API 20 STREP	MRI. CT. ETE: -	SD T 7–8 and paravertebral abscess		IV: CRO (6 w). O: AMX (6 w).
12		US	Knee SA	Ba IE	
13	Vitek AMS GPI-1	TTE or TEE: - CT ETT: -	Hip SA		IV: PEN (4 w).

Excluded by text:

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*Only abstract available: “+” positive; “-” negative; the empty cells indicate that the information has not been provided in the description of the cases. Abbreviation: AU, *Aerococcus* urinae; A.v., *Aerococcus* viridans; AF, atrial fibrillation; AH, Arterial hypertension; AMC, amoxicillin-clavulanic acid; AMP, ampicillin; AMX, amoxicillin; API 20 STREP, Analytical Profile Index 20 STREP system (bioMérieux); Ba, Bacteraemia; BBL-C GP ID Kit, BBL Crystal Gram-positive identification Kit; CAZ, ceftazidime; CC, colon cancer; CCF, congestive cardiac failure; CFH, chronic familial hypokalaemia; CFZ, cefazolin; CIP, ciprofloxacin; CKD, chronic kidney disease; CLD, chronic liver disease; CLI, clindamycin; CLL, chronic lymphocytic leukaemia; COPD, chronic obstructive pulmonary disease; CRO, ceftriaxone; CT, computed tomography; CXM, cefuroxime; d, days; T2-DM, type 2 diabetes mellitus; DOX, doxycycline; E. coli, *Escherichia coli*; E. faecalis, *Enterococcus faecalis*; F, female; GEN, gentamicin; HS, hidradenitis; IE, Infectious endocarditis; IV, intravenous; LVX, levofloxacin; M, male; m, month; MALDI-TOF MS, matrix-assisted laser desorption ionisation time-of-flight mass spectrometry; MRI, magnetic resonance imaging; MTX, methotrexate; NR, not details reported; O, oral; P, aerug. *Pseudomonas aeruginosa*; PC, possible contaminant; PEN, penicillin; RA, Rheumatoid arthritis; RIF, rifampicin; SA, septic arthritis; SD, spondylodiscitis; Str. Spp., streptococcus species; TEE, transesophageal echocardiography; TTE, transthoracic echocardiography; TZP, piperacillin-tazobactam; UC, urinary catheter; UHN, ureterohidronefrosis; US, Ultrasonography; UTI, urinary tract infection; VAN, vancomycin; Vitek AMS GPI-1, Auto Microbic System Gram-Positive Identification Card (Vitek Systems); w, week; 16 s rDNA PCR, 16 s ribosomal DNA polymerase chain reaction