Correction to: Ultrasonographic features of acute Charcot neuroarthropathy of the foot: a pilot study

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The authors of the original version of the above article requested the below corrections to be noted. [Bold text used to highlight problem area]

1. Patients and methods

This is an observational study where 26 patients with CN of the foot between January 2013 and December 2018 were enrolled. Inclusion criteria were: (1) foot pain and swelling, (2) MRI Short-T1 Inversion Recovery (STIR) findings of acute CN based on a radiologist opinion; subchondral bone marrow edema, soft tissue edema, and joint effusion with or without subchondral microfractures (grade 0 on Modified Eichenholtz classification system), [17, 18] presented in Table 1. Patients with other forms of arthropathy that may mimic acute CN, e.g., gouty arthritis and rheumatoid arthritis, were excluded from the study. **This study was approved by the institutional review board of our university (Zagazig University Institutional Review Board), and an informed consent was taken from all patients.**

2. Ultrasonographic examination

Ultrasonographic examination of mid-tarsal and ankle joints was performed with a **5–12 MHz linear probe, Medison SonoAce R3**. The method of US examination was according to the guidelines published by Backhaus et al. [19]. Synovitis was defined according to the published OMERACT definitions [20]. Synovitis on gray-scale US was evaluated using a semi-quantitative 4-grade scale of 0–3, as presented in Table 2. Ultrasound-detected bony erosions were defined according to OMERACT definition as an intra-articular discontinuity of the bone surface that is visible in two perpendicular planes. Bone erosions at mid-tarsal joints were not included due to the normal irregular surface of tarsal bones, which is liable to high degree of misinterpretations.

3. Figure 1 (legend)

Mid-tarsal joints (longitudinal scan), B-mode frequency **12 MHz**. a. Effusion and synovitis at mid-tarsal joints in a case of Charcot foot arthropathy. b Grade 3 Doppler activity at mid-tarsal joint in a case of Charcot foot arthropathy

4. Figure 2 (legend)

Ankle joint (anterior longitudinal scan), B-mode frequency **12 MHz**. a Grade 2 Doppler activity with effusion and synovitis of ankle joint associated with minor erosions of tibia in a case of Charcot joint. b Effusion at ankle joint in a case of Charcot joint.

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