Correction to: Utility of pulmonary ultrasound to identify interstitial lung disease in patients with rheumatoid arthritis

Natalia Mena-Vázquez^{1,2} · Francisco Gabriel Jimenez-Núñez^{1,2} · Francisco Javier Godoy-Navarrete^{1,2} · Sara Manrique-Arija^{1,2} · María Carmen Aguilar-Hurtado³ · Carmen María Romero-Barco⁴ · Inmaculada Ureña-Garnica^{1,2} · F. Espildora⁵ · María Isabel Padin-Martín³ · Antonio Fernández-Nebro^{1,2,6}

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In the original published version of this article under the **Result** and **Conclusion** sections of the “Abstract” contained errors and has been corrected as follows [Bold text used to highlight problem area]:

Results: Seventy-one patients were included, **35 (49.2%) with ILD-RA and 36 (50.8%) RA controls**. Regarding US score, we found that the detection of 5.5 lines in a reduced score of **8 intercostal spaces** had a sensitivity = 62.2%, specificity = 91.3%, PPV = 88.4%, and NPV = 69.5%. In multivariate analysis, the intercostal spaces which showed independent association with ILD were 3rd right anterior axillary space (OR [IC 95%] 19.0 [1.3–27.5]), 8th right posterior

axillary space (OR [IC 95%] 0.04 [0.0–0.6]), 8th right subscapular space (OR [IC 95%] 16.5 [1.8–45.5]), 9th right paravertebral space (OR [IC 95%] 7.11 [1.0–37.1]), and 2nd left clavicular middle space (OR [IC 95%] 21.9 [1.26–37.8]).

Conclusions: Lung ultrasound could be a useful tool for ILD diagnosis associated with rheumatoid arthritis. A **8-space reduced** score showed a similar total predictive capacity than 72-space score.

The original article has been corrected.

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✉ Natalia Mena-Vázquez
nataliamenavazquez@gmail.com

✉ Francisco Gabriel Jimenez-Núñez
cortesfra@gmail.com

¹ Instituto de Investigación Biomédica de Málaga (IBIMA), 29010 Málaga, Spain

² UGC de Reumatología, Hospital Regional Universitario de Málaga, Plaza del Hospital Civil s/n., 29009 Málaga, Spain

³ UGC de Radiodiagnóstico, Hospital Regional Universitario de Málaga, 29009 Málaga, Spain

⁴ UGC de Reumatología, Hospital Clínico Universitario Virgen de la Victoria, 29010 Málaga, Spain

⁵ UGC de Neumología, Hospital Regional Universitario de Málaga, 29009 Málaga, Spain

⁶ Departamento de Medicina, Universidad de Málaga, Málaga, Spain