Correction to: Facial swelling for the emergency radiologist—typical and atypical causes

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The above article was published online with inverted figures legends for Fig. 1–6. The correct presentation is shown below. The original article has been corrected.

Fig. 1 legend: Myositis. Axial CECT image in a 65-year-old female after right maxillary root canal demonstrates asymmetric enlargement/hypoenhancement of the right temporalis and pterygoid musculature (arrows) with surrounding inflammatory stranding.

Fig. 2 legend: Buccal space abscess. Sagittal (a) demonstrates periapical hypoattenuation within a left maxillary molar (arrowhead). Axial NECT (b) demonstrates a large multiloculated fluid collection extending into the buccal space (arrow). Axial T1 fat-suppressed post-contrast image demonstrates thick rim enhancement of the collection compatible with abscess.

Fig. 3 legend: Ludwig's angina. Axial (a) and coronal (b) CECT images demonstrate ill-defined fluid and locules of air (arrows) within the right mouth floor. Sagittal (c) image in the bone window demonstrates odontogenic infection of a right mandibular molar (arrowhead), presumably the origin of

infection. An endotracheal tube is present due to compromised airway patency.

Fig. 4 legend: Acute sialadenitis. Axial contrast-enhanced CT image demonstrates asymmetric enlargement and enhancement of the left parotid gland (arrow).

Fig. 5 legend: Preseptal Orbital Cellulitis. Axial (a) and sagittal (b) contrast-enhanced CT (CECT) images demonstrate asymmetric edema and stranding within the preseptal soft tissues of the left orbit (arrows). The intraorbital fat is preserved.

Fig. 6 legend: Postseptal orbital cellulitis. Axial CECT (a), axial T2 fat suppressed (b), and axial T1 fat suppressed post-contrast (c) images demonstrate edema and stranding within the preseptal soft tissues (arrowheads), as well as the intraconal fat (long arrows). There is also asymmetric edema/enhancement within the subdural space along the right middle cranial fossa (short arrows) compatible with intracranial spread of infection.

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