Correction to: Swallowing evaluation by the Kuchikara Taberu Balance Chart and videoendoscopic examination reveals that respiratory conditions, chewing, and position are strongly related to dysphagia

Kanata Tonosaki^{1,2} · Kazumichi Yonenaga^{1,2} · Sachiko Ono¹ · Shunsuke Itai¹ · Shigeto Oyama² · Takashi Mizuno² · Rinji Watanabe¹ · Kazuto Hoshi³

Published online: 21 December 2020
© The Society of The Nippon Dental University 2020

Correction to: Odontology
<https://doi.org/10.1007/s10266-020-00561-5>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

In the original publication of the article, under the abstract section, the following sentence “The median respiratory condition (4 vs. 3, $z = -3.23$; $p < 0.0036$), oral preparatory and propulsive phases (4 vs. 3, $z = -2.96$; $p < 0.0036$), and position and endurance (3 vs. 1, $z = -3.25$; $p < 0.0036$) scores were significantly lower in the group without laryngeal penetration”. Was published incorrectly. The correct sentence should read as “The median respiratory condition (3 vs. 4, $z = -3.23$; $p < 0.0036$), oral preparatory and propulsive phases (3 vs. 4, $z = -2.96$; $p < 0.0036$), and position and endurance (1 vs. 3, $z = -3.25$; $p < 0.0036$) scores were significantly lower in the group with laryngeal penetration”.

In addition, there was an error in the notation of the results of the group with and without laryngeal penetration in Fig. 2 and Table 2. The correct version of Fig. 2 and Table 2 is provided below:

The original article has been corrected.

The original article can be found online at <https://doi.org/10.1007/s10266-020-00561-5>.

✉ Kazumichi Yonenaga
yonenaga-ky@umin.ac.jp

Kanata Tonosaki
tonosaki-knt@umin.ac.jp

Sachiko Ono
sachikoono-ky@umin.ac.jp

Shunsuke Itai
itai-tmd@umin.ac.jp

Shigeto Oyama
soyama1211@yahoo.co.jp

Takashi Mizuno
bbmizu26@me.com

Rinji Watanabe
rinjiadvice@forest.ocn.ne.jp

Kazuto Hoshi
pochi-ky@umin.net

¹ Department of Eat-Loss Medicine, Graduate School of Medicine, The University of Tokyo, Hongo 7-3-1, Bunkyo-ku, Tokyo 113-8655, Japan

² Department of General Medicine, Towada City Hospital, Aomori, Japan

³ Department of Oral-Maxillofacial Surgery, Dentistry and Orthodontics, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan

Fig. 2 Comparison of the KTBC items between the groups with and without laryngeal penetration as determined by videoendoscopic (VE) examination of swallowing. The median scores for the following items were low in the group with laryngeal penetration: (3) respiratory condition, (6) oral preparatory and propulsive phases, and (8) position and endurance (* $p < 0.0036$). The Mann–Whitney U test was used for statistical analysis. We set the level of statistical significance at $\alpha = 0.0036$ using the Bonferroni correction method to adjust for multiple testing

Table 2 KTBC item scores according to the presence or absence of laryngeal penetration

KTBC	With laryngeal penetration Median Score (interquartile range) (range)	Without laryngeal penetration Median Score (interquartile range) (range)	z value	p value
1. Willingness to eat	4 (2–5) (1–5)	3 (2–5) (1–5)	0.53	0.59
2. Overall condition	3 (2–4) (1–5)	3 (2–4) (1–5)	0.25	0.81
3. Respiratory condition	3 (3–4) (1–5)	4 (4–5) (2–5)	–3.23	<0.0036*
4. Oral condition	3.5 (2–5) (2–5)	4 (3–5) (2–5)	–1.14	0.26
5. Cognitive function while eating	3 (2–4) (1–5)	3 (2–4) (1–5)	–1.00	0.32
6. Oral preparatory and propulsive phases	3 (3–4) (1–5)	4 (3–4) (2–5)	–2.96	<0.0036*
7. Severity of pharyngeal dysphagia	3 (3–3) (2–5)	4 (3–4) (2–5)	–2.56	0.010
8. Position and endurance while eating	1 (1–1) (1–5)	3 (1–4) (1–5)	–3.25	<0.0036*
9. Eating behavior	1.5 (1–4) (1–5)	3 (1–4) (1–5)	–1.44	0.15
10. Daily living activities	1 (1–2) (1–4)	2 (1–2.5) (1–5)	–1.91	0.06
11. Food intake level	4 (3–4) (1–4)	4 (4–4) (1–5)	–1.63	0.10
12. Food modification	3 (2.25–4) (1–4)	4 (3–4) (1–5)	–1.96	0.05
13. Nutrition	2 (2–2) (1–5)	2 (1–3) (1–5)	–0.81	0.42
Overall	36.5 (31–44.5) (21–56)	42 (35–48.5) (29–64)	–2.33	0.02

We set the level of statistical significance at $\alpha = 0.0036$ using the Bonferroni correction method to adjust for multiple testing (* $p < 0.0036$)