Correction to: Predictive factors of truncation artifacts in the arterial phase of Gd-EOB-DTPA-enhanced MRI: a nationwide multicenter study

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In the original publication of this paper, results section has been mistakenly published without consistency with Tables.

Original:

Results

Patients and overall analyses

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Univariate analyses (Table 2) of patient factors revealed increased ORs for artifacts related to increased body weight (OR 1.025) and presence of cirrhosis (OR 1.605). In comparison, the ORs for TAs were found to be significantly lower for patients with hepatitis B (OR 0.485) and metastatic cancer (OR 0.416). Siemens and Toshiba equipment had significantly lower ORs for TAs than GE (OR 0.067, $P < 0.001$ and OR 0.031, $P < 0.001$, respectively). In univariate analysis

(Table 2) of imaging parameters, sequential k-space ordering (OR 3.245), shorter acquisition time (≤ 15 s, OR 0.450), and chemical shift selective fat suppression (OR 0.298) were significant predictive factors of TA.

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GE equipment

Univariate analyses (Table 3) revealed an increased OR for TAs in patients with increased body weight (OR 1.025). In contrast, the ORs for TAs were significantly lower in patients with hepatitis B (OR 0.485) and metastatic cancer (OR 0.293).

After the correction:

Results

Patients and overall analyses

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Univariate analyses (Table 2) of patient factors revealed increased ORs for artifacts related to increased body weight (OR 1.025) and presence of cirrhosis (OR 1.605). In comparison, the ORs for TAs were found to be significantly lower for patients with hepatitis B (OR 0.406) and metastatic cancer (OR 0.416). Siemens and Toshiba equipment had significantly lower ORs for TAs than GE (OR 0.067, $P < 0.001$ and OR 0.031, $P < 0.001$, respectively). In univariate analysis (Table 2) of imaging parameters, sequential k-space ordering (OR 3.243), shorter acquisition time (≤ 15 s, OR 0.251), and chemical shift selective fat suppression (OR 0.298) were significant predictive factors of TA.

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GE equipment

Univariate analyses (Table 3) revealed an increased OR for TAs in patients with increased body weight (OR 1.025). In contrast, the ORs for TAs were significantly lower in patients with hepatitis B (OR 0.485) and suspected metastatic cancer (OR 0.293).

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