Journal of Applied Genetics (2018) 59:149–150
https://doi.org/10.1007/s13353-018-0438-5

CORRECTION

Correction to: Craniosynostosis as a clinical and diagnostic problem: molecular pathology and genetic counseling

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Published online: 16 March 2018

Correction to: Journal of Applied Genetics 2018
https://doi.org/10.1007/s13353-017-0423-4

In the original article, figures 1 and 2 were inadvertently interchanged initially. The correct figures are as shown below. The original article has been corrected.

The online version of the original article can be found at https://doi.org/10.1007/s13353-017-0423-4

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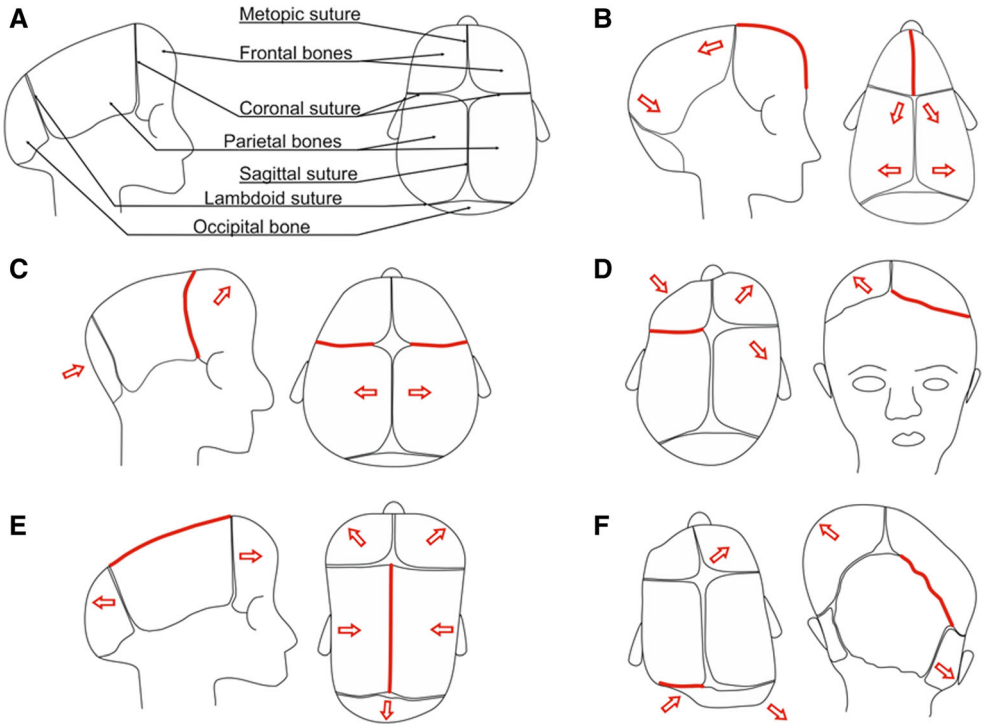

Fig. 1 Schematic localization of cranial sutures (**a**) and skull deformities associated with a single suture synostosis (**b–f**). The red lines show suture with premature synostosis and the arrows show the direction of an aberrant compensatory bone growth. The trigonocephaly (**b**), brachycephaly (**c**), anterior plagiocephaly (**d**), scaphocephaly (**e**), and posterior plagiocephaly (**f**) observed as a result of a premature closure of metopic, bilateral coronal, unilateral coronal, sagittal, and unilateral lambdoid suture, respectively

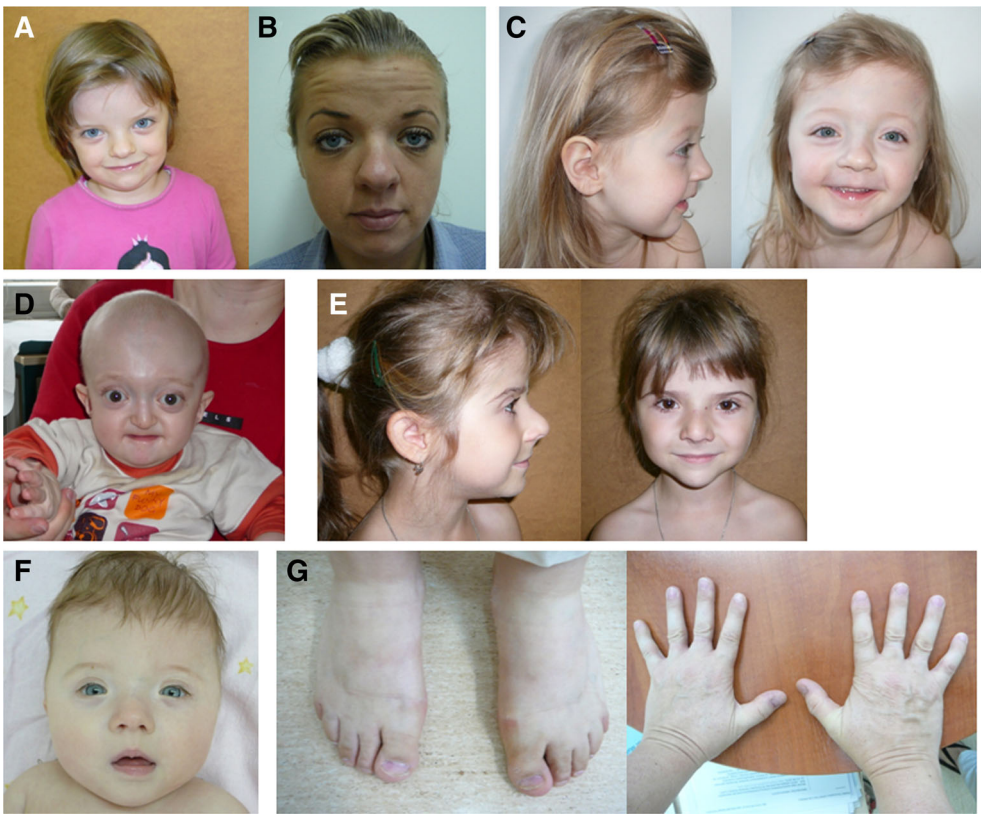

Fig. 2 Phenotypic spectrum observed in patients with different craniosynostoses. **a–c** Patients with Muenke syndrome and p.Pro250Arg mutation in the FGFR3 gene. Female proband (**a**) with her mother (**b**) and a girl with de novo mutation (**c**). **d** Male patient with Crouzon syndrome and p.Cys278Phe mutation in the *FGFR3* gene. **e** Female proband with Saethre–Chotzen syndrome and c.417_438ins21 (p.Pro139Profs209Ter) mutation in the TWIST1 gene. **f, g** A clinical presentation of Saethre–Chotzen syndrome in a proband (**f**) and hismother (**g**) with a 7p21 microdeletion encompassing the *TWIST1* gene