

## **Erratum**

### **Choroidal folds associated with a sellar mass**

Meltem F. Söylev, Osman Saatci, Isil Saatci<sup>1</sup>, Ismet Durak, Erkin Kir & Mehmet Ergin

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Owing to an error in the production process, page 260 of the above-mentioned article has been printed with the incorrect Figures 1, 2, and 3.

The page as it should have been printed is presented overleaf. The publishers extend their apologies for any inconvenience to the authors and readers.

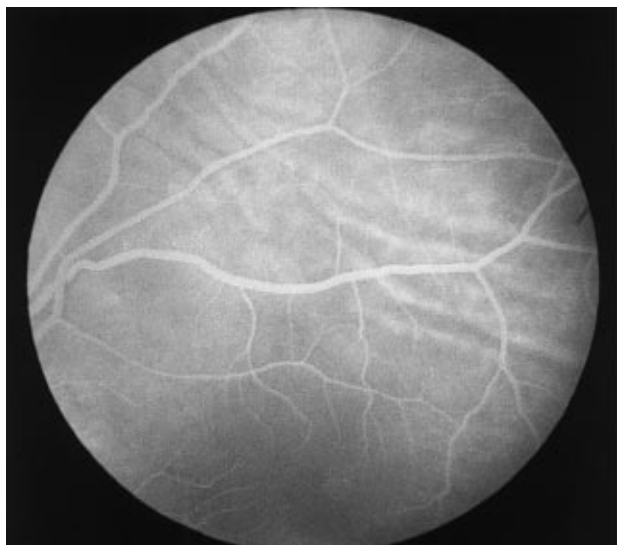


Figure 1. Fluorescein angiography showing the choroidal folds as dark and light streaks.

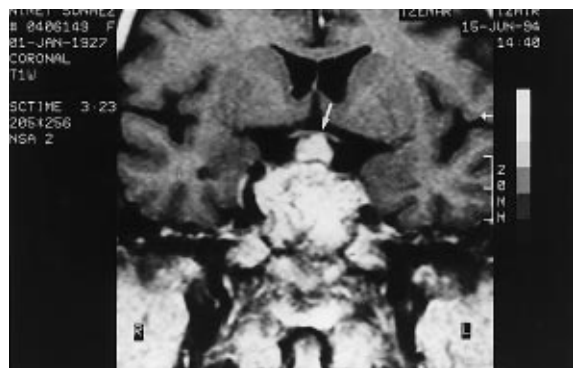


Figure 2. Post-contrast T1 weighted coronal MR image (TR/TE = 520/25 msec) showing the sellar tumor extending into the suprasellar cistern, compressing optic chiasm, more on the left (arrow).

pression. In our case, the traction most likely created on the intracranial portion of the optic nerve by the mass that stretched the intraorbital part of the optic nerve and also the globe caused the choroidal folds.

Association of hyperopia and choroidal folds is a well known clinical appearance [4, 5]. However, we believe it is not the cause of choroidal folds in our case. Most of the patients with choroidal folds associated with hyperopia are men and in these patients choroidal folds are usually bilateral and symmetrical in both eyes

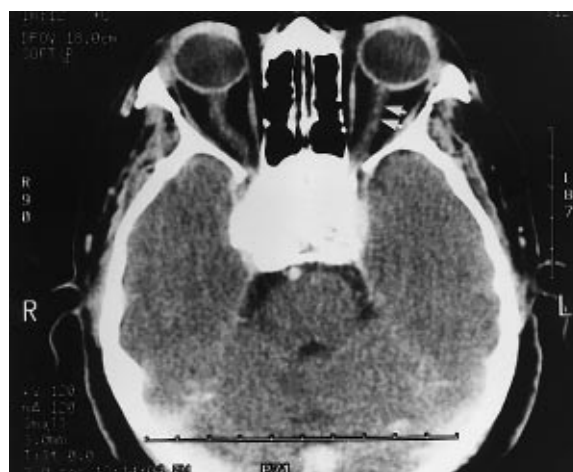


Figure 3A. Post-contrast transverse CT image showing a calcified mass with contrast enhancement in the sellar region extending into the right cavernous sinus. Note the straight course of the left optic nerve (arrows).

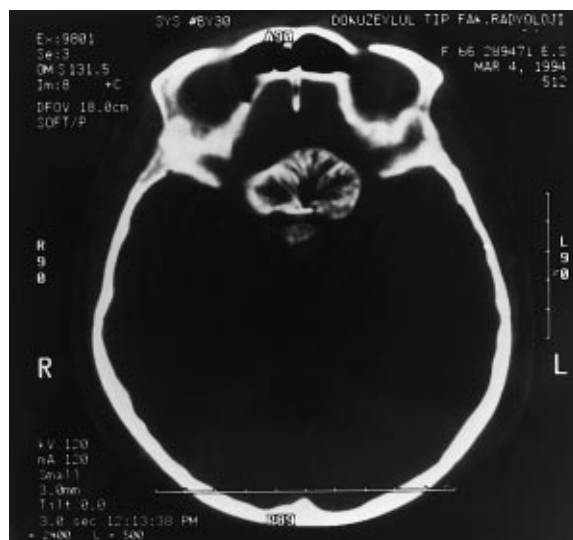


Figure 3B. Transverse CT image at bone window level settings revealing the mass originating from the expanded sphenoid bone. The mass has a peripheric calcified rim and radial calcified spicules (extending centrally).