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## Erratum

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## Erratum

The article “Radiosurgery for Metastatic Spinal Tumors: Follow-Up MR Findings” (2012;33:382–87) contained an incorrect abstract. The authors regret this error. The correct abstract is reproduced below:

**Background and Purpose:** MR imaging is the primary tool for evaluation and monitoring of spinal tumors. We retrospectively analyzed the MR imaging findings before and after SRS for metastatic spinal tumors.

**Materials and Methods:** We reviewed MR imaging findings on 79 metastatic spinal tumor lesions in 44 patients (29 male and 15 female) who had undergone radiosurgery between November 2003 and April 2008. Posttreatment MR imaging was evaluated retrospectively for 3 aspects: 1) changes in tumor volume; 2) changes in T2 signal intensity; and 3) changes in contrast enhancement patterns.

**Results:** With regard to tumor volume on MR images, 32 lesions (40.5%) decreased in volume (group 1), 39 (49.4%) showed no

change (group 2), and 8 (10.1%) increased in volume (group 3). T2 signal intensities were unchanged in 4 lesions (type 1), homogeneously increased in 3 (type 2), and changed to a homogeneously dark signal in 4 (type 4). The T2 signal intensity was increased and intermixed with dark signal intensity (type 3) in 68 lesions. A decrease in contrast enhancement with or without non-enhancing foci was seen in 73 lesions. A persistent homogeneous enhancement pattern was seen in all 4 of the type 1 lesions, in 1 of the 3 type 2 lesions, and in 1 of the 68 type 3 lesions.

**Conclusions:** Main MR imaging features of locally controlled metastatic spinal tumors included no increase in tumor volume, increased T2 signal intensity with intermixed T2 dark signal intensity, and decreased contrast enhancement. Follow-up MR imaging also provided several patterns of tumor recurrence.

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