CORRECTION

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Correction to: Clinical course and prognostic factors of childhood Takayasu's arteritis: over 15-year comprehensive analysis of 101 patients

Luyun Fan¹, Huimin Zhang^{1*}, Jun Cai^{1*}, Lirui Yang², Bin Liu³, Dongmei Wei¹, Jiachen Yu¹, Jiali Fan¹, Lei Song¹, Wenjun Ma¹, Xianliang Zhou¹, Haiying Wu¹ and Ying Lou¹

Correction to: Arthritis Res Ther https://doi.org/10.1186/s13075-018-1790-x

Following publication of the original article [1], the authors reported an error. "Angioplasty" in "Imaging modalities" of the "Methods" section should be replaced by "Angiography".

The sentence should read: Angiography was performed in all c-TA patients, including conventional angiography, CTA, and/or magnet resonance angiography (MRA) as the initial diagnostic modality in 36 (35.6%), 57 (56.4%), and 9 (8.9%), respectively, while 28 (27.7%) patients experienced additional catheter-based angiography for interventional therapy after TA diagnosis by CTA (24.7%, n = 25) and/or MRA (4%, n = 4).

Table 2 has been updated. The correct table is displayed below. The updated percentage is given in bold.

Table 2 Frequencies of arterial involvement and relevant interventions

	Patients (%) with arterial involvement	Patients (%) with interventions	Lesions (%) with interventions
Ascending aorta	13 (12.9%)	0 (0%)	0 (0%)
Aortic arch	17 (16.8%)	0 (0%)	0 (0%)
Thoracic aorta	33 (32.7%)	7 (6.9%)	7 (6.9%)
Abdominal aorta	43 (42.6%)	3 (3%)	3 (2.9%)
Carotid artery	43 (42.6%)	5 (5%)	5 (4.9%)
Subclavian artery	44 (43.6%)	10 (8.9%)	12 (11.8%)

* Correspondence: fwzhanghuimin@163.com; caijun@fuwaihospital.org ¹State Key Laboratory of Cardiovascular Disease, National Center for Cardiovascular Diseases, Fuwai Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China Full list of author information is available at the end of the article



Table 2 Frequencies of arterial involvement and relevant interventions (Continued)

	Patients (%) with arterial involvement	Patients (%) with interventions	Lesions (%) with interventions
Vertebral artery	14 (13.9%)	1 (1%)	1 (1%)
Renal artery	63 (62.4%)	42 (41.6%)	57 (55.9%)
Celiac trunk	17 (16.8%)	0 (0%)	0 (0%)
Superior mesenteric artery	14 (13.9%)	0 (0%)	0 (0%)
lliac artery	13 (12.9%)	3 (3%)	3 (2.9%)
Pulmonary artery	12 (11.9%)	1 (1%)	1 (1%)
Coronary artery	5 (5%)	1 (1%)	1 (1%)

Author details

¹State Key Laboratory of Cardiovascular Disease, National Center for Cardiovascular Diseases, Fuwai Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China. ²Department of Cardiology, Beijing Anzhen Hospital, Capital Medical University, Beijing, China. ³School of Basic Medicine, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China.

Received: 5 February 2019 Accepted: 5 February 2019 Published online: 14 February 2019

Reference

 Fan, et al. Clinical course and prognostic factors of childhood Takayasu's arteritis: over 15-year comprehensive analysis of 101 patients. Arthritis Res Ther. 2019;21:31 https://doi.org/10.1186/s13075-018-1790-x.

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