

# Erratum to preoperative portal vein embolization in liver cancer: indications, techniques and outcomes

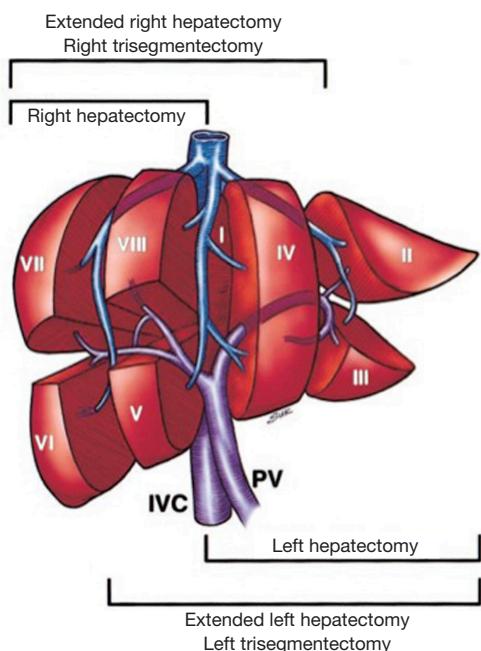
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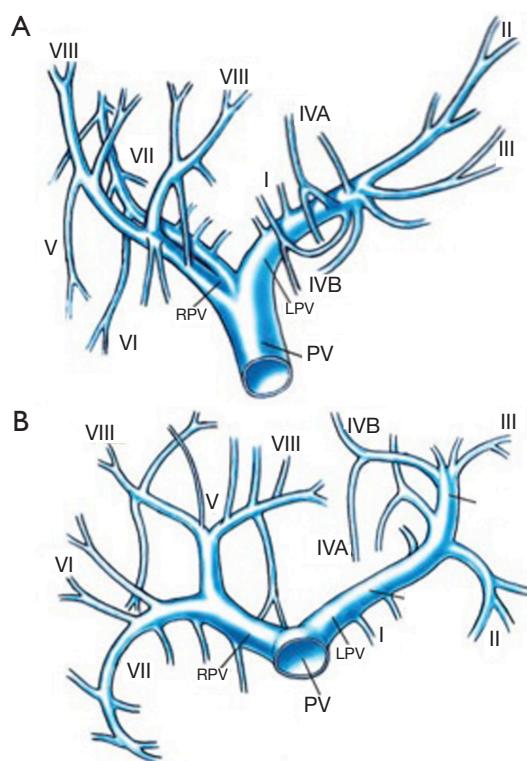
Erratum to: Quant Imaging Med Surg 2015;5:730-739

## Preoperative portal vein embolization in liver cancer: indications, techniques and outcomes

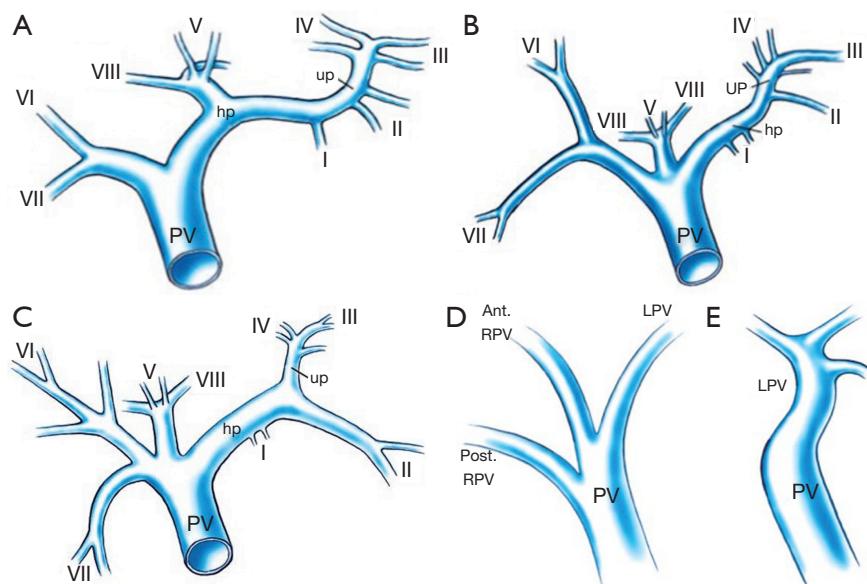
In the October 2015 issue of *Quantitative Imaging in Medicine and Surgery*, the paper “Preoperative portal vein embolization in liver cancer: indications, techniques and outcomes” 2015;5(5):730-739, Loffroy R, Favelier S, Chevallier O, Estivalet L, Genson PY, Pottecher P, Gehin S, Krausé D, Cercueil JP (1), was published with some figure permission problems. The correct figures and legends (*Figures 1-3*) with permission statement are as below. We apologize for the inconvenience caused.



**Figure 1** Schematic illustrates Couinaud segmental liver anatomy and the normal portal venous structures. The possible hepatic resection procedures are also shown. IVC, inferior vena cava; PV, portal vein. Reprint with permission from “Madoff DC, Hicks ME, Vauthey JN, Charnsangavej C, Morello FA, Jr, Ahrar K, Wallace MJ, Gupta S. Transhepatic portal vein embolization: anatomy, indications, and technical considerations. Radiographics 2002;22:1063-76.”.



**Figure 2 (A,B)** Schematics illustrate the normal portal vein (PV) branches from anterior (A) and inferior (B) perspectives. hp, horizontal part; LPV, left portal vein; RPV, right portal vein; up, umbilical (vertical) part. Reprint with permission from “Madoff DC, Hicks ME, Vauthey JN, Charnsangavej C, Morello FA, Jr, Ahrar K, Wallace MJ, Gupta S. Transhepatic portal vein embolization: anatomy, indications, and technical considerations. Radiographics 2002;22:1063-76.”.



**Figure 3** Schematics illustrate selected variants of the portal venous system. (A) Bifurcation of the right posterior sectoral branch from the left main portal branch, with the right anterior sectoral branch arising from the left main portal branch; (B) portal trifurcation; (C) portal quadrifurcation; (D) bifurcation of the right portal vein (RPV) into anterior (Ant.) and posterior (Post.) branches, which supply segments V/VIII and VI/VII, respectively; (E) complete absence of the RPV. All hepatic segments are supplied by the LPV. hp, horizontal part; LPV, left portal vein; PV, portal vein; up, umbilical (vertical) part. Reprint with permission from “Madoff DC, Hicks ME, Vauthey JN, Charnsangavej C, Morello FA, Jr, Ahrrar K, Wallace MJ, Gupta S. Transhepatic portal vein embolization: anatomy, indications, and technical considerations. Radiographics 2002;22:1063-76.”.

## References

1. Loffroy R, Favelier S, Chevallier O, Estivalet L, Genson PY, Pottecher P, Gehin S, Krausé D, Cercueil JP. Preoperative portal vein embolization in liver cancer: indications, techniques and outcomes. Quant Imaging Med Surg 2015;5:730-9.

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