



Erratum to pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid carcinoma in the isthmus

Editorial Office

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Erratum to: *Gland Surg* 2021;10:2445-54

In issue Vol 10, No 8 (August 2021) of *Gland Surgery*, the paper “Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid carcinoma in the isthmus” by Zhang LZ, Xu JJ, Ge XY, *et al.* (1) was published with four errors.

In the abstract part, “Multiple logistic analysis suggested that age over 55 years [odds ratio (OR) =11.90, 95% CI: 1.36 to 104.03, P=0.025], tumor size greater than 0.55 cm (OR =4.16, 95% CI: 1.28 to 13.52, P=0.018)” should be corrected as “Multiple logistic analysis suggested that age under 55 years old [odds ratio (OR) =11.90, 95% CI: 1.36 to 104.03, P=0.025], tumor size greater than 0.55 cm (OR =4.16, 95% CI: 1.28 to 13.52, P=0.018)”.

In the abstract part, “Central lymph node dissection is recommended for patients who are prone to have central occult lymph node metastases with tumor size ≥ 55 cm, older than 55 years, and without nodular goiter.” should be corrected as “Central lymph node dissection is recommended for patients who are prone to have central occult lymph node metastases with tumor size ≥ 0.55 cm, age under 55 years, and without nodular goiter.”

In the conclusion part, “Among such patients, central lymph node dissection was recommended for those who were prone to have central occult lymph node metastases with tumor size ≥ 55 cm, age under 55 years, and without nodular goiter.” should be corrected as “Among such patients, central lymph node dissection was recommended for those who were prone to have central occult lymph node metastases with tumor size ≥ 0.55 cm, age under 55 years, and without nodular goiter.”

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References

1. Zhang LZ, Xu JJ, Ge XY, et al. Pathological analysis and surgical modalities selection of cT1N0M0 solitary papillary thyroid carcinoma in the isthmus. *Gland Surg* 2021;10:2445-54.

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