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AJNR

Erratum

AJNR Am J Neuroradiol 1994, 15 (4) 797
<http://www.ajnr.org/content/15/4/797.citation>

This information is current as
of May 30, 2025.

The patient was in grade III. The 1-week follow-up angiogram showed still some residual filling of the aneurysm (Fig 2B). The 1-year follow-up showed that the aneurysm was occluded and, most importantly, demonstrated the real happy face sign (Fig 2C). This patient is now neurologically intact.

Again, in wide-necked aneurysms, crossing the neck area with several loops of sizeable GDCs (Fig 3) is the next technical challenge in the development of this still-evolving

endovascular technique. In small-necked aneurysms (neck diameter equal or less than 4 mm) it is already possible, with the currently available GDCs, to fill the body and neck of an aneurysm with complete aneurysm occlusion. Ciao, Giuseppe!

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Erratum

In our November/December 1993 issue, the second sentence in the first paragraph on page 1406 of the article "Recognition of the Aberrant Right Subclavian Artery on Cervical Spine MR" should have read, "MR can show the ARSA as it arises from the most cephalad portion of the aorta and crosses to the right, passing posterior to the esophagus (Fig 2)." (The article was published with the word *anterior* instead of *posterior*.)

Figures 1 and 2 (A and B) from the article appear below. The arrows mentioned in the figure legends were inadvertently omitted from the figures published. Figure 2 shows the ARSA passing posterior to the esophagus.

The editors regret the errors.

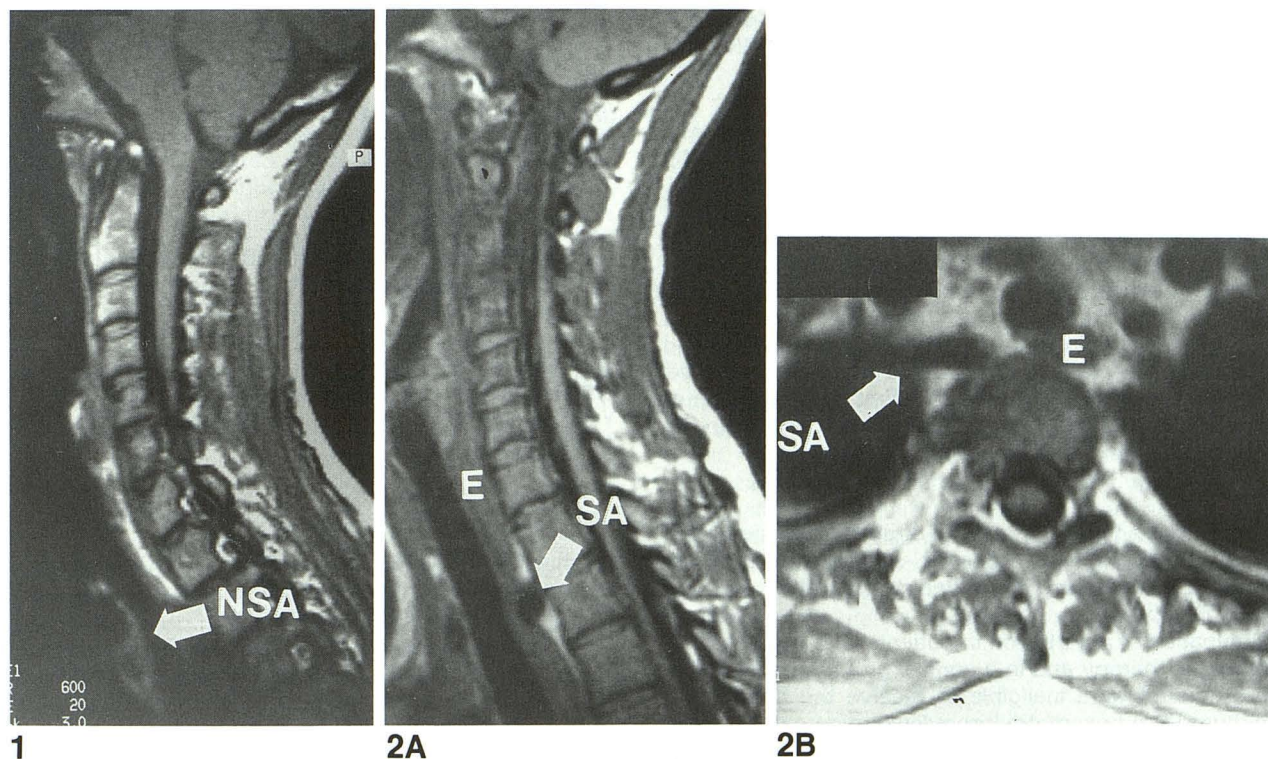


Fig 1. Sagittal MR image of a normal right subclavian artery (NSA arrow).

Fig 2. A, ARSA (SA arrow) coursing posterior to the esophagus (E) seen in sagittal plane.

B, ARSA (SA arrow) seen in the axial plane. Notice the relation of the subclavian artery to the esophagus.