



Correction to: A novel classification and its clinical significance in Chiari I malformation with syringomyelia based on high-resolution MRI

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Unfortunately, the Figs. 3 and 5 have been incorrectly published in the original publication. The complete correct Figs. 3 and 5 are given below.

The original article has been corrected.

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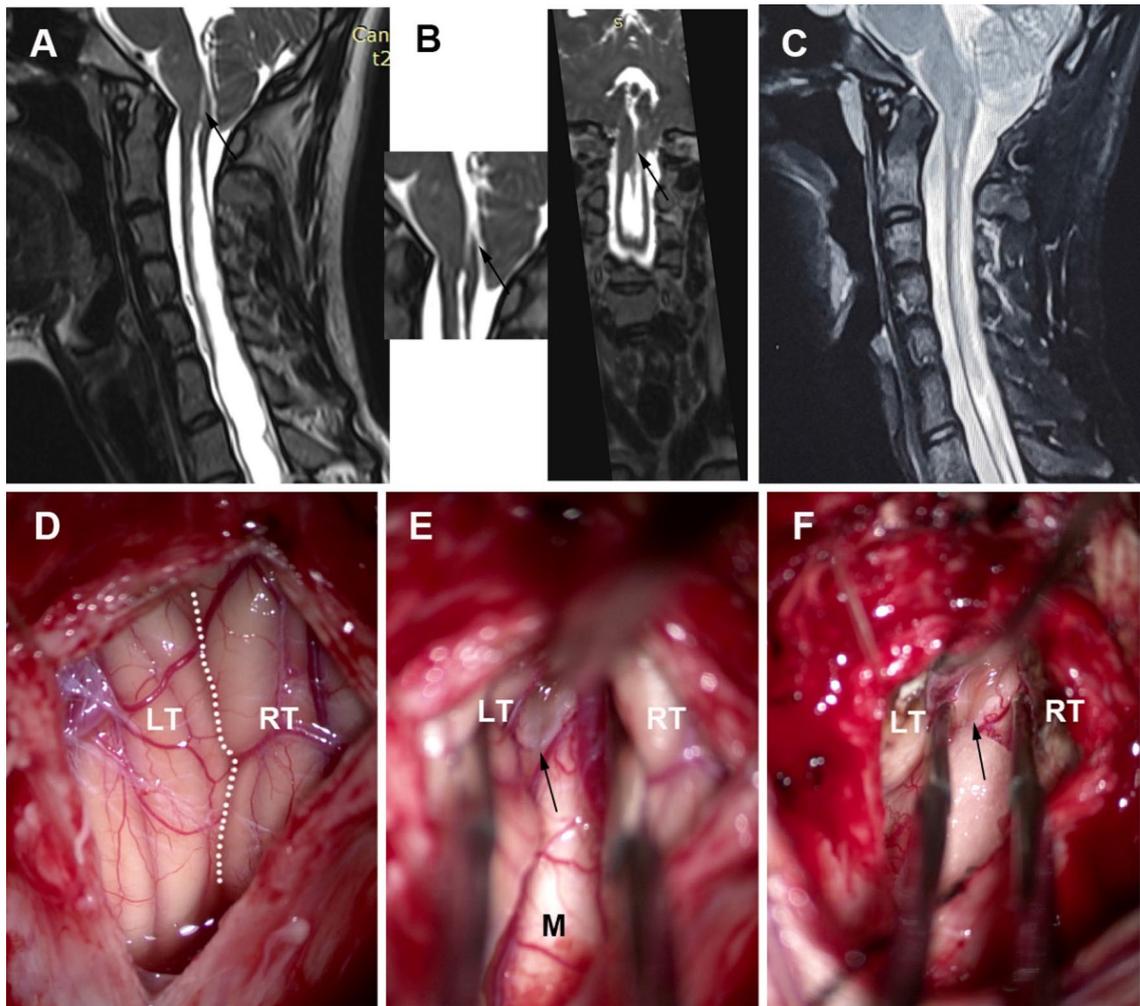


Fig. 3 Partial communicating SM case. **a** Preoperative midsagittal T2-weighted MR image of CVJ. Note the SM extend upwards to the medulla oblongata without dilated fourth ventricle. **b** High resolution MR showed a detectable channel between the fourth ventricle and the SM (black arrow) on a certain level. **c** Postoperative MRI showed

marked reduction of the SM. **d** Incision of the dura shows the medialized tonsils, tonsils occupying the foramen magnum and overlying foramen of Magendie. **e** The foramen of Magendie is visible, and a semitransparent veil (arrow) is observed. **f** Subpial tonsillectomy was performed and the arachnoid veil (arrow) is removed

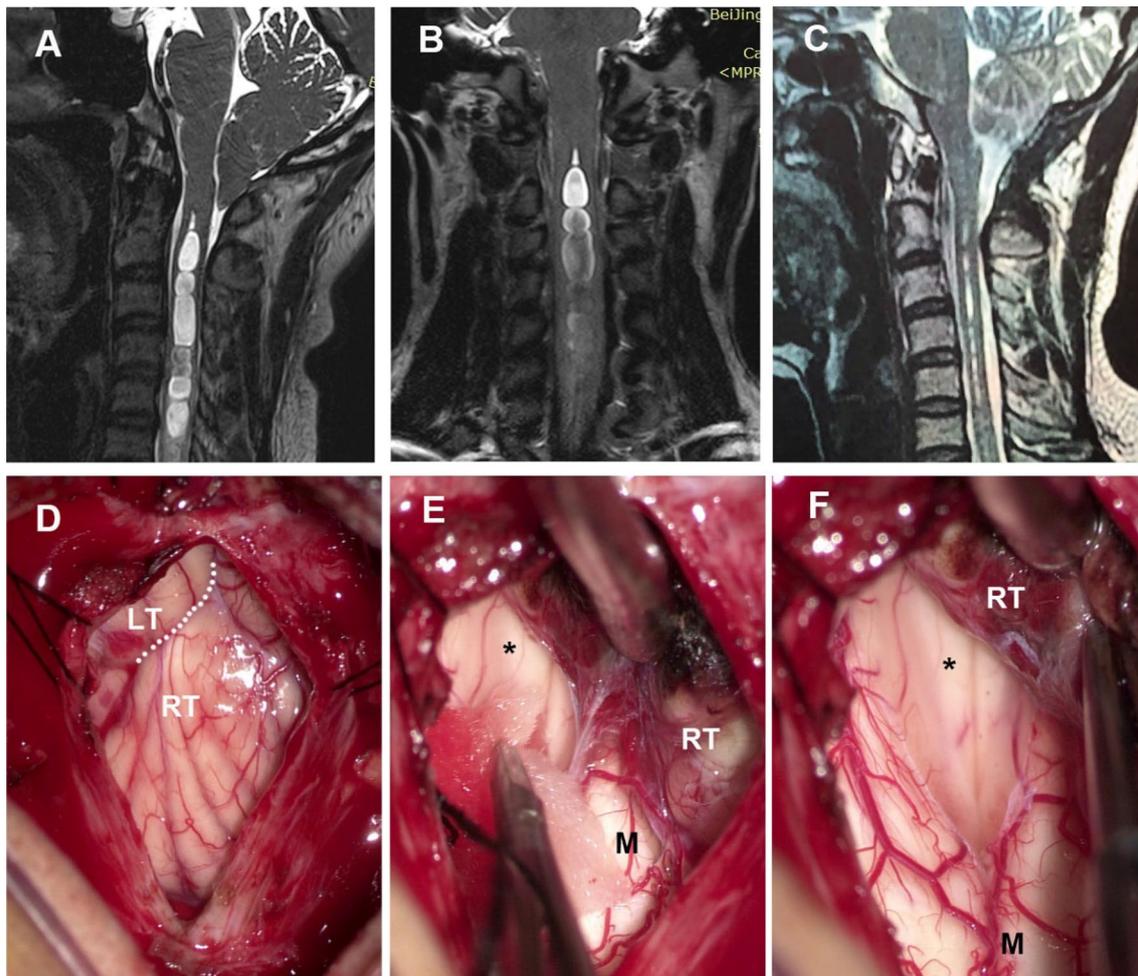


Fig. 5 Non-communicating SM case. **a** Preoperative midsagittal T2-weighted MR image of CVJ. Note the SM extend upwards to the inferior margin of C1. **b** High resolution MR showed the superior extremity of SM does not communicate with the fourth ventricle. **c** Postoperative MRI showed marked reduction of the SM. **d** After incision of the dura, it shows the medialized tonsils, tonsils occupying the

foramen magnum and overlying foramen of Magendie. **e** The foramen of Magendie is uncovered, in which the CSF appears to flow freely (asterisk); **f** Subpial tonsillectomy was performed and the foramen of Magendie is visible (asterisk). LT left tonsil, M medulla, RT right tonsil