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CORRECTION

Correction to: Paediatric neck ultrasonography: a pictorial essay

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Unfortunately, the following figure captions and text were incorrectly published in the original publication. The complete correct text is given below for the same.

Fig. 12 Dermoid cyst. **a** Axial and **b** longitudinal view of a uvular mass with well-defined margins and homogeneous echostructure (++) located along the medial line in the subcutis at the level of the jugular notch.

Haemangiomas and vascular malformations

Haemangiomas are benign neoplasms of the capillary endothelium that generally appear within a few weeks of birth. They are the most common benign tumours in the paediatric age, being found in 10–12% of newborns and even higher percentages in premature babies (up to 20%)

A recently updated classification by the International Society for the Study of Vascular Anomalies (ISSVA) divides vascular anomalies in two main groups based on their biological behaviour: *vascular tumors*, characterized by a clonal proliferation of endothelial cells, and *vascular malformations,* determined by errors in different developmental stages of embryogenesis, with preserved endotheliel cells turnover [18]. The hemangiomas are benign vascular tumors, among them one of the most frequent forms are infantile hemangioma.

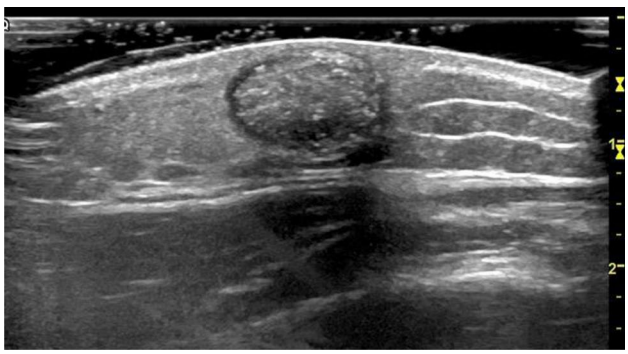
Infantile hemangiomas can be distinguished in different types

- superficial or capillaries: that clinically present a characteristic ‘strawberry’ appearance;
- deep haemangiomas: which appear as tumours covered with normal skin—therefore the diagnosis is entrusted to the US;
- mixed haemangiomas: when superficial haemangioma occurs associated with a deep one.

The diagnosis of haemangiomas is usually clinical, based on the semiological characteristics and especially on the natural history of the lesion.

Fig. 13 Cervical masses—vascular malformations. **a** Grayscale axial and longitudinal views of cheek show subcutaneous nonspecific echogenic, welldemarked mass; **b** colour Doppler module shows irregular vascular signals—consistent with a venous malformation.

Fig. 18 Pilomatrixoma. Grayscale longitudinal views of the neck show a well-defined oval lesion, located in the subcutaneous layer, heterogeneously hyperechoic, with internal echogenic foci and peripheral hypoechoic rim.



References

18. International Society for the Study of Vascular Anomalies (2018) ISSVA classification for vascular anomalies-2018. ISSVA.

The original article can be found online at https://doi.org/10.1007/s40477-018-0317-2.

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