



OPEN ACCESS

EDITED AND REVIEWED BY

Xiangzhi Bai,
Beihang University, China

*CORRESPONDENCE

Ying Liu
✉ 13952618801@163.com
Sheng Liu
✉ liusheng@njmu.edu.cn

†These authors have contributed equally to this work and share first authorship

SPECIALTY SECTION

This article was submitted to
Brain Imaging Methods,
a section of the journal
Frontiers in Neuroscience

RECEIVED 07 February 2023

ACCEPTED 17 February 2023

PUBLISHED 03 March 2023

CITATION

Gu Y, Ding Y, Hang Y, Cao Y, Jia Z, Zhao L, Liu Y and Liu S (2023) Corrigendum: Smaller baseline subcortical infarct volume predicts good outcomes in patients with a large core in early acute ischemic stroke after endovascular treatment. *Front. Neurosci.* 17:1160678. doi: 10.3389/fnins.2023.1160678

COPYRIGHT

© 2023 Gu, Ding, Hang, Cao, Jia, Zhao, Liu and Liu. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Corrigendum: Smaller baseline subcortical infarct volume predicts good outcomes in patients with a large core in early acute ischemic stroke after endovascular treatment

Yiming Gu^{1,2†}, Yasuo Ding^{3†}, Yu Hang¹, Yuezhou Cao¹, Zhenyu Jia¹, Linbo Zhao¹, Ying Liu^{4*} and Sheng Liu^{1*}

¹Department of Interventional Radiology, The First Affiliated Hospital of Nanjing Medical University, Nanjing, China, ²Department of Interventional Radiology, Suzhou Municipal Hospital Affiliated to Nanjing Medical University, Suzhou, China, ³Department of Neurosurgery, Taizhou People's Hospital, Taizhou, China, ⁴Department of Neurology, Taizhou People's Hospital, Taizhou, China

KEYWORDS

acute ischemic stroke, endovascular thrombectomy, infarct volume, predictor, good outcomes

A corrigendum on

Smaller baseline subcortical infarct volume predicts good outcomes in patients with a large core in early acute ischemic stroke after endovascular treatment

by Gu, Y., Ding, Y., Hang, Y., Cao, Y., Jia, Z., Zhao, L., Liu, Y., and Liu, S. (2023). *Front. Neurosci.* 17:1063478. doi: 10.3389/fnins.2023.1063478

In the published article, there was an error. [References are cited in the Results section]. A correction has been made to [Results], [Paragraph 1 and 2]. This sentence previously stated:

“[1] Median baseline NIHSS score was 20 (Saposnik et al., 2008; Castonguay et al., 2014; Khalid et al., 2014; Zhang, 2014; Ernst et al., 2015, 2018; Gilgen et al., 2015; Versaci et al., 2015; Alawieh et al., 2019; Boers et al., 2019; Sarraj et al., 2020; Olivot et al., 2021; Nguyen et al., 2022).

2) The median HIR was 0.7 (0.6–0.8) and the median ASPECTS was 4 (Campbell et al., 2015; Albers et al., 2018; Demeestere et al., 2018; Nogueira et al., 2018).

3) The ASPECTS was 5 (Campbell et al., 2015; Albers et al., 2018) and 3 (Campbell et al., 2015; Albers et al., 2018; Demeestere et al., 2018; Nogueira et al., 2018) for the good and poor outcome groups, respectively ($P = 0.064$).]”

The corrected sentence appears below:

“[1] Median baseline NIHSS score was 20.

2) The median HIR was 0.7 (0.6–0.8) and the median ASPECTS was 4.

3) The ASPECTS was 5 and 3 for the good and poor outcome groups, respectively ($P = 0.064$).]”

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated

organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.