


CORRECTION

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# Correction: Postoperative choroidal vascularity index after the management of macula-off rhegmatogenous retinal detachment

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erroneously omitted from the published article. Figure 3 is given in this correction article. The original article [1] is corrected.

Following publication of the original article [1], the authors identified an error in their article. Figure 3 was

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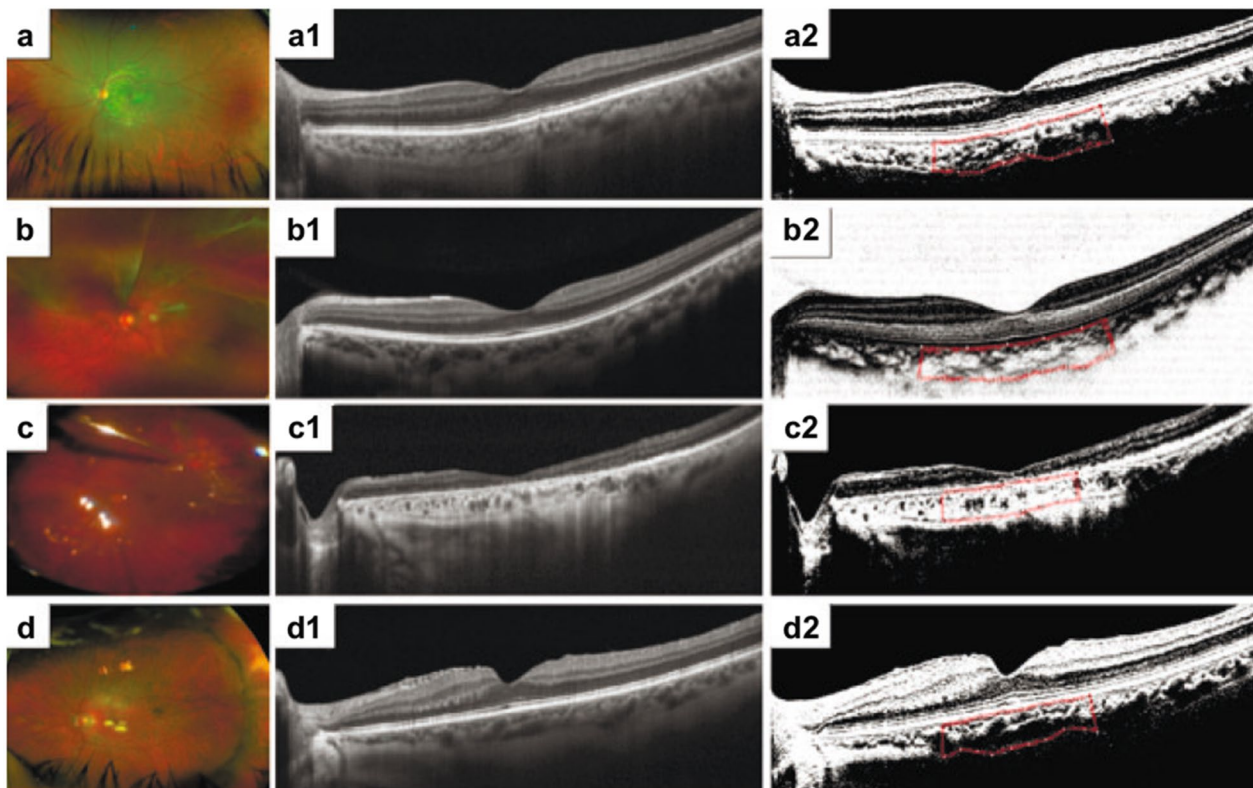
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**Fig. 3** **a** Optos wide-angle photograph of a normal control eye. **a1** Enhanced high-definition (HD) 9-mm horizontal B-scan designed to depict details of the intraretinal structure and subfoveal choroidal layers in a normal eye. **a2** Corresponding horizontal B-scan with binarized processing of the subfoveal choroidal stroma and luminal vascular visualization of the subfoveal choroidal vessels for obtaining the choroidal vascularity index (CVI) of a normal emmetropic eye. The selected subfoveal area is clearly delineated with a red dotted line. **b** Clinical example involving a 59-year-old symptomatic male complaining of an acute decrease in vision in his left eye, progressing over seven days. The preoperative visual acuity was 20/400, and the applanation ocular tension was 10 mmHg. Fundus examination showed a baggy rhegmatogenous macula-off RDD with a solitary arrow-shaped superior retinal tear on M-I-II. Retinal surgery was performed by primary vitrectomy. The vitreous base was carefully shaved, and the superior retinal tear was released and marked by endodiathermy. Perfluoro-carbon liquid-assisted endodrainage was performed. The retinal break was treated with an argon endolaser, and fluid-gas exchange was performed using a non-expandable 15% perfluoropropane gas mixture at the end of the procedure. After 8 months of serial follow-up, the eye had a BCVA of 20/40 (logMAR) at the patient's last visit. **b1** On postoperative enhanced HD 9-mm horizontal B-scan, a normal postoperative foveal profile is depicted with well-defined inner and outer retina layer biomarkers, no residual subretinal fluid (SRF) and well-defined choroidal vessels. **b2** Corresponding horizontal B-scan with binarized processing depicting a normal relationship between the total choroidal area (TCA) and luminal area (LA). The subfoveal binarized area is delineated with a red dotted line. The CVI is equal to that of the fellow eye. **c** Transsurgical image of a 71-year-old female who underwent primary vitrectomy in her left eye because of a 12-day history of symptomatic pseudophakic acute rhegmatogenous RD. The preoperative BCVA was 20/200 (logMAR), and her eye was treated with three-port 25-g pars plana vitrectomy (PPV). Fluid-air gas exchange was performed with 15%  $C_3F_8$  tamponade. After 18 months of postoperative follow-up, the operated eye showed a best corrected visual acuity of 20/40 (logMAR 0.30). **c1** A long-term postoperative horizontal B-scan through the fovea depicts a normal foveal profile with sclerotic, medium-sized choroidal vessels. **c2** Corresponding horizontal B-scan binarized image of the subfoveal choroidal stroma and luminal vascular visualization of the subfoveal choroidal vessels depicting a lower-than-normal choroidal perfusion index in the fellow eye. **d** Postoperative image of a representative eye from the buckle group. The participant was a 49-year-old male who presented with a 3-day history of progressive metamorphopsia and acute vision loss due to an acute superior-in-origin rhegmatogenous RD due to superior trophic holes inside an area of lattice zone degeneration, with evidence of acute posterior vitreous detachment and a bullous rhegmatogenous macula-off RD. He underwent a 25-g three-port PPV complemented with a 360° scleral buckle on his phakic eye. The preoperative BCVA was 20/200 (logMAR), while that after 7 months of follow-up was 20/60 (logMAR). **d1** Enhanced HD 9-mm image depicts an irregular foveal profile with identifiable inner and outer biomarkers, no presence of residual SRF and evidence of epiretinal membrane proliferation. **d2** Corresponding binarized image. The binarized subfoveal area is delineated with the red dotted line. The CVI was 56.8%, lower than that in the fellow eye

#### Reference

- Quiroz-Reyes MA, Quiroz-Gonzalez EA, Quiroz-Gonzalez MA, et al. Postoperative choroidal vascularity index after the management of macula-off rhegmatogenous retinal detachment. *Int J Retin Vitre*. 2023;9:19. <https://doi.org/10.1186/s40942-023-00454-z>.

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