



CORRIGENDUM



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Corrigendum to: “Clinical and radiological results of radial shortening osteotomy, and proximal row carpectomy in Kienböck’s Disease” [Medicine Science 2017;6(3):526–530, <https://doi.org/10.5455/medscience.2017.06.8614>]

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[This corrects the article "Clinical and radiological results of radial shortening osteotomy, and proximal row carpectomy in Kienböck’s Disease" in volume 6, issue 3.](#)

To the Editor:

The authors have identified typographical errors in the patient numbers and demographic subgroup information in their article titled “Clinical and radiological results of radial shortening osteotomy, and proximal row carpectomy in Kienböck’s Disease,” published in 2017. These errors were unintentional and resulted from misreporting during the preparation of the article.

The corrected data is as follows:

Our study actually includes 15 patients (the previously reported number was 35). Of these patients, 7 underwent radial shortening osteotomy (RSO) and 8 underwent proximal row carpectomy (PRC). Five patients had Lichtman Stage 2 disease, 4 had Stage 3A disease, and 6 had Stage 3B disease. Additionally, other demographic information, such as trauma history and dominant hand, has been updated.

We apologize for these errors and would like to note that we have reviewed our article records and confirmed the accuracy of the corrected data. These corrections do not affect the fundamental findings, interpretations, or conclusions of our study.

We suggest that you use the following corrected text to make the correction:

[Original Text / Abstract] [Incorrect Statement]:

In this prospective study, we aimed to evaluate the clinical and radiological results of our patients treated with radial shortening osteotomy (RSO) and proximal row carpectomy (PRC) together with a short review of the literature. The study included 35 patients with the diagnosis of Kienbock disease. RSO was performed for 17 patients and 18 patients underwent PRC. 15 of the patients had Lichtman Stage 2, 14 patients had Stage 3A and 6 patients had Stage 3B disease.

CITATION

Desteli EE, Genc AS, Imren Y, Dedeoglu SS. Corrigendum to: “Clinical and radiological results of radial shortening osteotomy, and proximal row carpectomy in Kienböck’s Disease” [Medicine Science 2017;6(3):526–530, <https://doi.org/10.5455/medscience.2017.06.8614>]. Med Science. 2025;14(3):961-2.



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[Corrected Text / Abstract] [Correct Statement]:

In this prospective study, we aimed to evaluate the clinical and radiological results of our patients treated with radial shortening osteotomy (RSO) and proximal row carpectomy (PRC) together with a short review of the literature. The study included 15 patients with the diagnosis of Kienbock disease. RSO was performed for 7 patients and 8 patients underwent PRC. 5 of the patients had Lichtman Stage 2, 4 patients had Stage 3A and 6 patients had Stage 3B disease.

[Original Text / Materials and Methods] [Incorrect Statement]:

Approval was obtained from the local scientific department of our hospital and consent to study participation from all subjects for this prospective study. The study included 15 patients with the diagnosis of Kienbock disease who underwent operation between 2009 to 2012. RSO was performed for 17 patients (Group I), and 18 patients underwent PRC (Group II). Mean follow-up time was 18.4 months for Group I patients and 19.0 months for Group II patients. Mean age of Group I patients was 35 years and Group II patients was 41 years. 16 of the patients were male and 19 of them were female. 15 of 35 patients had dominant side disease and were operated from their dominant wrists. 14 of the 35 patients had a history of trauma (40%). According to Lichtman's

classification, at the time of diagnosis, 15 of the patients had Stage 2, 14 patients had Stage 3A and 6 patients had Stage 3B disease. Palmer's technique was used to assess ulnar variance; according to this technique, 21 patients (60%) had a negative ulnar variance and 14 patients (40%) had a neutral ulnar variance.

[Corrected Text / Materials and Methods] [Correct Statement]:

Approval was obtained from the local scientific department of our hospital and consent to study participation from all subjects for this prospective study. The study included 15 patients with the diagnosis of Kienbock disease who underwent operation between 2009 to 2013. RSO was performed for 7 patients (Group I), and 8 patients underwent PRC (Group II). Mean follow-up time was 18.4 months for Group I patients and 19.0 months for Group II patients. Mean age of Group I patients was 35 years and Group II patients was 41 years. 6 of the patients were male and 9 of them were female. 5 of 15 patients had dominant side disease and were operated from their dominant wrists. 3 of the 15 patients had a history of trauma (20%). According to Lichtman's classification, at the time of diagnosis, 5 of the patients had Stage 2, 4 patients had Stage 3A and 6 patients had Stage 3B disease. Palmer's technique was used to assess ulnar variance; according to this technique, 9 patients (60%) had a negative ulnar variance and 6 patients (40%) had a neutral ulnar variance.