Postnatal imaging of prenatally detected hydronephrosis-when is voiding cystourethrogram necessary?

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Correction to: Postnatal imaging of prenatally detected hydronephrosis—when is voiding cystourethrogram necessary?

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The original publication contained an erroneous version of Table 3 with incorrect data regarding ureteral visibility. The authors apologize for any inconvenience caused by their mistake and are pleased to present the corrected table here.

Table 3  The study population categorized into three risk groups for high-grade vesicoureteral reflux

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Score*</th>
<th>VUR 0–3 (n = 246)</th>
<th>VUR 4–5 (n = 29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low, n (%)</td>
<td>0–1</td>
<td>201 (82)</td>
<td>6 (21)</td>
</tr>
<tr>
<td>Intermediate, n (%)</td>
<td>2–3</td>
<td>34 (14)</td>
<td>11 (38)</td>
</tr>
<tr>
<td>High, n (%)</td>
<td>4–5</td>
<td>11 (4)</td>
<td>12 (41)</td>
</tr>
</tbody>
</table>

VUR; vesicoureteral reflux  
*The risk score table is created by using a logistic multivariate regression model for the following parameters: 1) renal length and 2) ureteral visibility

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