CORRECTION

Correction: Comparative analysis of diagnostic methods in knee injuries
(Vol. 11, No. 1, p. 39-45, 2016)

Ispravka: Komparativne analize dijagnostičkih metoda kod pacijenata sa povredom kolena
(Vol. 11, No. 1, p. 39-45, 2016)

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CORRECTION: The Editorial Board of "Sanamed" journal, in agreement with authors of the paper "Comparative analysis of diagnostic methods in patients with knee injury" (Dzoleva-Tolevska Roza, Poposka Anastasika, Georgieva Daniela, Bozinovski Zoran, Nanceva Jasminka, Gjoshhev Stojan), published in this journal Vol. 11 from 2016 (p. 39-45), made the decision, due to the unnoticed oversight (based on CEON checks), which is reflected in the omission of references from which individual textual references were used, to do the necessary corrections of those parts of the paper in which reference sources are not adequately cited, as well as the corrections in the references list, in accordance with the prescribed procedure. Primary work, as well as mentioned reference sources, are part of doctoral dissertation of the lead author. Results from doctoral dissertation, related to the meniscal, ligamentary and articular cartilage lesions, combined and compared to one another, have been published in Sanamed journal, while in other two journals are published results for meniscus lesions in one and articular cartilage lesions in other. Within this correction the author's Acknowledgment that the paper is part of the corresponding doctoral dissertation is added. We thank the Center for Evaluation in Education and Science (CEON) for assistance in detecting errors in primary work.

ISPRAVKA: Uredništvo časopisa "Sanamed" je u dogovoru sa autorskim timom stručnog rada pod nazivom "Komparativne analize dijagnostičkih metoda kod pacijenata sa povredom kolena" (Dzoleva-Tolevska Roza, Poposka Anastasika, Georgieva Daniela, Bozinovski Zoran, Nanceva Jasminka, Gjoshhev Stojan) koji je publikovan u ovom časopisu Vol. 11 iz

2016. godine (str. 39-45) donelo odluku da se zbog uočenog previda (na osnovu provere CEON-a), koji se ogleda u izostavljanju referenci iz kojih su korišćeni pojedini tekstualni navodi, izvrši neophodna ispravka onih delova rada u kojim pomenuti referentni izvori nisu adekvatno citirani, kao i ispravke u listi referenci, a u skladu sa propisanom procedurom. Primarni rad, kao i pomenuti referentni izvori, su deo doktorske disertacije autora. U časopisu "Sanamed" su objavljeni rezultati istraživanja vezani za meniskusne, ligamentarne i hrskavične lezije kolena, objedinjeni i komparirani međusobno, dok su u drugim časopisima, u dva rada, objavljeni delovi doktorata koji se tiču samo meniskusne i hrskavične lezije kolena. U okviru ispravke dodaje se i potvrda autora o tome da je rad deo odgovarajuće doktorske disertacije. Zahvaljujemo se Centru za evaluaciju u obrazovanju i nauci (CEON) na pomoći pri otkrivanju grešaka u primarnom radu.

In the section "Results" with the subtitle "Meniscal lesions" the following update was made:

a) at the end of the paragraph that begins with "Sensitivity of clinical diagnosis versus MRI diagnosis for medial meniscus ...", omitted reference (19) is inserted

b) at the end of the paragraph that begins with "Sensitivity of clinical diagnosis versus MRI diagnosis for lateral meniscus..." omitted reference (19) is inserted

c) at the end of the paragraph that begins with "Diagnostic accuracy of clinical diagnosis..." omitted reference (19) is inserted

In the section "Results" with the subtitle "Articular cartilage lesions" the following update was made:

a) at the end of the paragraph that begins with “*We had 51 patients with clinically diagnosed articular cartilage injury...*” omitted reference (20) is inserted

b) at the end of the paragraph that begins with “*The sensitivity (91.8% vs. 79.6%)...*” omitted reference (20) is inserted

In the section “**Discussions**” the following update was made:

a) at the end of the paragraph that begins with “*We have better results for sensitivity (91.8% vs. 79.6%)...*” omitted reference (20) is inserted

Due to the omitted references insertion, the reference numbers are corrected in the relevant sections of the paper:

in the section “**Discussions**” reference (21) should stand instead of (19); reference (22) should stand instead of (20); reference (23) should stand instead of (21); reference (24) should stand instead of (22); reference (25) should stand instead of (23); reference (26) should stand instead of (24); reference (27) should stand instead of (25); reference (28) should stand instead of (26); reference (29) should stand instead of (27); reference (30) should stand instead of (28); reference (31) should stand instead of (29); reference (32) should stand instead of (30); reference (33) should stand instead of (31); reference (34) should stand instead of (32); reference (35) should stand instead of (33); reference (36) should stand instead of (34); reference (37) should stand instead of (35); reference (38) should stand instead of (36); reference (39) should stand instead of (37); reference (40) should stand instead of (38); reference (41) should stand instead of (39); reference (42) should stand instead of (38).

Due to the omitted references insertion, the order in the original list of references is corrected:

Ref. (19): Rayan F, Bhonsle S, Shukla DD. Clinical, MRI, and arthroscopic correlation in meniscal and anterior cruciate ligament injuries. *Int Orthop*. 2009; 33(1): 129–132. is corrected to: Dzoleva Tolevska R, Poposka A, Samardziski M, Georgieva D. Comparative analysis of diagnostic methods in meniscal lesions. *Contributions, Sec. Biol. Med. Sci, MASA*. 2013; 34(3): 79–83. **Ref. (20):** Rose NE, Gold SM. A comparison of accuracy between clinical examination and magnetic resonance imaging in the diagnosis of meniscal and anterior cruciate ligament tears. *Arthroscopy*. 1996; 12(4): 398–405. **is corrected to:** Dzoleva-Tolevska R, Poposka A, Samardziski M, Georgieva D. Comparative diagnosis of diagnostic methods in articular cartilage injuries of the knee. *Archives of public health*. 2013; 5(1): 42–5. **Ref. (21):** Kocabey Y, Tetik O, Isbell WM, Atay OA, Johnson DL. The value of clinical examination versus magnetic resonance imaging in the diagnosis of meniscal tears and anterior cruciate

ligament rupture. *Arthroscopy*. 2004; 20(7): 696–700. **is corrected to:** Rayan F, Bhonsle S, Shukla DD. Clinical, MRI, and arthroscopic correlation in meniscal and anterior cruciate ligament injuries. *IntOrthop*. 2009; 33(1): 129–32. **Ref. (22):** Bohnsack M, Rühmann O, Sander-Beuermann A, Wirth CJ. Comparison of clinical examination with NMR spectroscopy in the diagnosis of meniscal lesions in daily practice. *Z Orthop Ihre Grenzgeb*. 1999; 137(1): 38–42. **is corrected to:** Rose NE, Gold SM. A comparison of accuracy between clinical examination and magnetic resonance imaging in the diagnosis of meniscal and anterior cruciate ligament tears. *Arthroscopy*. 1996; 12(4): 398–405. **Ref. (23):** Mohan BR, Gosal HS. Reliability of clinical diagnosis in meniscal tears. *Int Orthop*. 2007; 31(1): 57–60. **is corrected to:** Kocabey Y, Tetik O, Isbell WM, Atay OA, Johnson DL. The value of clinical examination versus magnetic resonance imaging in the diagnosis of meniscal tears and anterior cruciate ligament rupture. *Arthroscopy*. 2004; 20(7): 696–700. **Ref. (24):** Dutka J, Skowronek P, Dutka L. Arthroscopic verification of objectivity of the orthopaedic examination and magnetic resonance imaging in intra-articular knee injury. *Retrospective study. WideochirInne Tech Malo Inwazyjne*. 2012; 7(1): 13–8. **is corrected to:** Bohnsack M, Rühmann O, Sander-Beuermann A, Wirth CJ. Comparison of clinical examination with NMR spectroscopy in the diagnosis of meniscal lesions in daily practice. *Z Orthop Ihre Grenzgeb*. 1999; 137(1): 38–42. **Ref. (25):** Hardy JC, Evangelista GT, Grana WA, Hunter RE. Accuracy of Magnetic Resonance Imaging of the Knee in the Community. *Sports Health*. 2012; 4(3): 222–31. **is corrected to:** Mohan BR, Gosal HS. Reliability of clinical diagnosis in meniscal tears. *IntOrthop*. 2007; 31(1): 57–60. **Ref. (26):** Miller GK. A prospective study comparing the accuracy of the clinical diagnosis of meniscus tear with magnetic resonance imaging and its effect on clinical outcome. *Arthroscopy*. 1996; 12(4): 406–13. **is corrected to:** Dutka J, Skowronek M, Skowronek P, Dutka L. Arthroscopic verification of objectivity of the orthopaedic examination and magnetic resonance imaging in intra-articular knee injury. *Retrospective study. Wideochir Inne Tech MaloInwazyjne*. 2012; 7(1): 13–8. **Ref. (27):** Aydingöz U, Firat AK, Atay OA, Doral MN. MR imaging of meniscal bucket-handle tears: a review of signs and their relation to arthroscopic classification. *EurRadiol*. 2003; 13(3): 618–25. **is corrected to:** Hardy JC, Evangelista GT, Grana WA, Hunter RE. Accuracy of Magnetic Resonance Imaging of the Knee in the Community. *Sports Health*. 2012; 4(3): 222–31. **Ref. (28):** Cellár R, Sokol D, Lacko M, S, Gharaibeh A, Vasko G. Magnetic resonance imaging in the diagnosis of intra-articular lesions of the knee. *Acta Chir*

- Orthop Traumatol Cech. 2012; 79(3): 249-54. **is corrected to:** Miller GK. A prospective study comparing the accuracy of the clinical diagnosis of meniscus tear with magnetic resonance imaging and its effect on clinical outcome. *Arthroscopy*. 1996; 12(4): 406-13. **Ref. (29):** Esmaili Jah AA, Keyhani S, Zarei R, Moghaddam AK. Accuracy of MRI in comparison with clinical and arthroscopic findings in ligamentous and meniscal injuries of the knee. *Acta Orthop Belg*. 2005; 71(2): 189-96. **is corrected to:** Aydingöz U, Firat AK, Atay OA, Doral MN. MR imaging of meniscal bucket-handle tears: a review of signs and their relation to arthroscopic classification. *Eur Radiol*. 2003; 13(3): 618-25. **Ref. (30):** van Eck CF, van den Bekerom MP, Fu FH, Poolman RW, Kerkhoffs GM. Methods to diagnose acute anterior cruciate ligament rupture: a meta-analysis of physical examinations with and without anaesthesia. *Knee Surg Sports Traumatol Arthrosc*. 2013; 21(8): 1895-903. **is corrected to:** Cellár R, Sokol D, Lacko M, S, Gharaibeh A, Vasko G. Magnetic resonance imaging in the diagnosis of intra-articular lesions of the knee. *Acta Chir Orthop Traumatol Cech*. 2012; 79(3): 249-54. **Ref. (31):** Jain DK, Amaravati R, Sharma G. Evaluation of the clinical signs of anterior cruciate ligament and meniscal injuries. *Indian J Orthop*. 2009; 43(4): 375-8. **is corrected to:** Esmaili Jah AA, Keyhani S, Zarei R, Moghaddam AK. Accuracy of MRI in comparison with clinical and arthroscopic findings in ligamentous and meniscal injuries of the knee. *Acta Orthop Belg*. 2005; 71(2): 189-96. **Ref. (32):** Kim SJ, Kim HK. Reliability of the anterior drawer test, the pivot shift test, and the Lachman test. *Clin Orthop Relat Res*. 1995; (317): 237-42. **is corrected to:** van Eck CF, van den Bekerom MP, Fu FH, Poolman RW, Kerkhoffs GM. Methods to diagnose acute anterior cruciate ligament rupture: a meta-analysis of physical examinations with and without anaesthesia. *Knee Surg Sports Traumatol Arthrosc*. 2013; 21(8): 1895-903. **Ref. (33):** Laorueangthana A, Jarusriwanna A. Sensitivity and specificity of magnetic resonance imaging for knee injury and clinical application for the Naresuan University Hospital. *J Med Assoc Thai*. 2012; 95(Suppl 10): S151-7. **is corrected to:** Jain DK, Amaravati R, Sharma G. Evaluation of the clinical signs of anterior cruciate ligament and meniscal injuries. *Indian J Orthop*. 2009; 43(4): 375-8. **Ref. (34):** Gelb HJ, Glasgow SG, Sapega AA, Torg JS. Magnetic resonance imaging of knee disorders. Clinical value and cost-effectiveness in a sports medicine practice. *Am J Sports Med*. 1996; 24(1): 99-103. **is corrected to:** Kim SJ, Kim HK. Reliability of the anterior drawer test, the pivot shift test, and the Lachman test. *Clin Orthop Relat Res*. 1995; (317): 237-42. **Ref. (35):** Duc SR, Koch P, Schmid MR, Horger W, Hodler J, Pfirrmann CW. Diagnosis of articular cartilage abnormalities of the knee: prospective clinical evaluation of a 3D water-excitation true FISP sequence. *Radiology*. 2007; 243(2): 475-82. **is corrected to:** Laorueangthana A, Jarusriwanna A. Sensitivity and specificity of magnetic resonance imaging for knee injury and clinical application for the Naresuan University Hospital. *J Med Assoc Thai*. 2012; 95 (Suppl 10): S151-7. **Ref. (36):** Friemert B, Oberländer Y, Schwarz W, Häberle HJ, Bähren W, Gerngross H, Danz B. Diagnosis of chondral lesions of the knee joint: can MRI replace arthroscopy? A prospective study. *Knee Surg Sports Traumatol Arthrosc*. 2004; 12(1): 58-64. **is corrected to:** Gelb HJ, Glasgow SG, Sapega AA, Torg JS. Magnetic resonance imaging of knee disorders. Clinical value and cost-effectiveness in a sports medicine practice. *Am J Sports Med*. 1996; 24(1): 99-103. **Ref. (37):** Munk B, Madsen F, Lundorf E, et al. Clinical magnetic resonance imaging and arthroscopic findings in knees: a comparative prospective study of meniscus anterior cruciate ligament and cartilage lesions. *Arthroscopy*. 1998; 14(2): 171-5. **is corrected to:** Duc SR, Koch P, Schmid MR, Horger W, Hodler J, Pfirrmann CW. Diagnosis of articular cartilage abnormalities of the knee: prospective clinical evaluation of a 3D water-excitation true FISP sequence. *Radiology*. 2007; 243(2): 475-82. **Ref. (38):** D'Erme M, Ventura M, Di Giacomo G, Pasquali Lasagni M. Magnetic resonance and arthroscopy of the knee. A double-blind study in 40 patients. *Radiol Med*. 1992; 84(5): 553-6. **is corrected to:** Friemert B, Oberländer Y, Schwarz W, Häberle HJ, Bähren W, Gerngross H, Danz B. Diagnosis of chondral lesions of the knee joint: can MRI replace arthroscopy? A prospective study. *Knee Surg Sports Traumatol Arthrosc*. 2004; 12(1): 58-64. **Ref. (39):** Kijowski R, Blankenbaker DG, Davis KW, Shinki K, Kaplan LD, De Smet AA. Comparison of 1.5- and 3.0-T MR imaging for evaluating the articular cartilage of the knee joint. *Radiology*. 2009; 250(3): 839-48. **is corrected to:** Munk B, Madsen F, Lundorf E, et al. Clinical magnetic resonance imaging and arthroscopic findings in knees: a comparative prospective study of meniscus anterior cruciate ligament and cartilage lesions. *Arthroscopy*. 1998; 14(2): 171-5. **Ref. (40):** Triesmann HW Jr, Mosure JC. The impact of magnetic resonance imaging of the knee on surgical decision making. *Arthroscopy*. 1996 Oct; 12(5): 550-5. **is corrected to:** D'Erme M, Ventura M, Di Giacomo G, Pasquali Lasagni M. Magnetic resonance and arthroscopy of the knee. A double-blind study in 40 patients. *Radiol Med*. 1992; 84(5): 553-6. **Ref. (39):** Kijowski R, Blankenbaker DG, Davis KW, Shinki K, Kaplan LD, De Smet AA. Comparison of 1.5- and 3.0-T MR imaging for evaluating the articular cartilage of the knee joint. *Radiology*. 2009; 250(3): 839-48. **becomes Ref. (41). Ref. (40):** Triesmann HW Jr, Mosure JC. The

impact of magnetic resonance imaging of the knee on surgical decision making. *Arthroscopy*. 1996 Oct; 12(5): 550-5. **becomes Ref. (42).**

Acknowledgment: This study is part of author's doctoral dissertation, which was performed at Univer-

sity clinic for orthopedic surgery in Skopje, Republic of Macedonia. The title of the dissertation is "Comparative analysis of diagnostic methods in knee injuries", 2014, Medical faculty, University "St. Cyril and Methodius", Skopje, R. of Macedonia.