

CORRECTION

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# Correction to: Assessment of choriocapillary blood flow changes in response to half-dose photodynamic therapy in chronic central serous chorioretinopathy using optical coherence tomography angiography

Juejun Liu, Changzheng Chen<sup>\*</sup>, Lu Li, Yishuang Xu, Zuohuizi Yi, Lu He and Hongmei Zheng

**Correction to: BMC Ophthalmology 20, 402 (2020)**  
**<https://doi.org/10.1186/s12886-020-01674-9>**

Following publication of the original article [1], we were notified that there were no colour arrow marks on Figs. 3, 4 and 5, even though these are mentioned in the figures legends and annotation. The corrected figures are shown below.

The original article has been corrected.

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## Reference

1. Liu, et al. Assessment of choriocapillary blood flow changes in response to half-dose photodynamic therapy in chronic central serous chorioretinopathy using optical coherence tomography angiography. *BMC Ophthalmol.* 2020;20:402. <https://doi.org/10.1186/s12886-020-01674-9>.

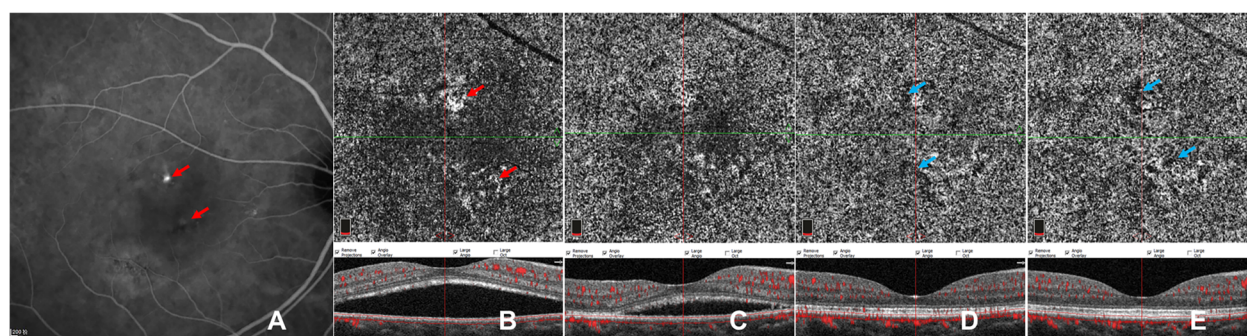
The original article can be found online at <https://doi.org/10.1186/s12886-020-01674-9>.

<sup>\*</sup> Correspondence: [whuchenchzh@163.com](mailto:whuchenchzh@163.com)

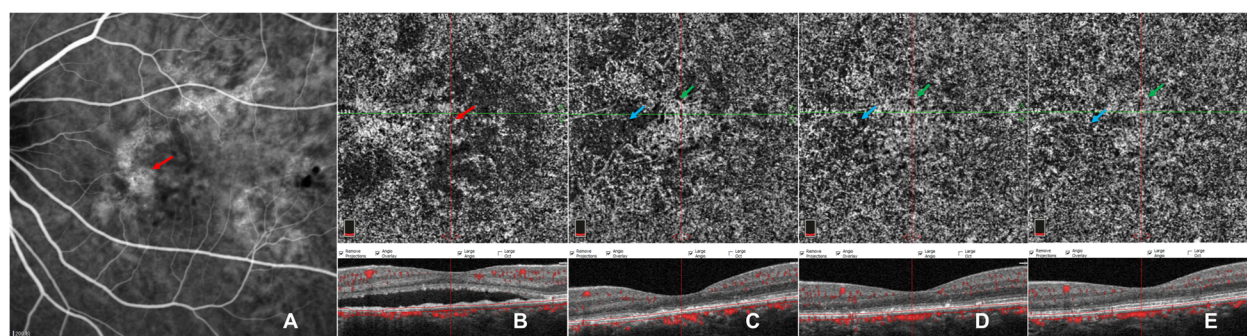
Eye Center, Renmin Hospital of Wuhan University, Wuhan, China



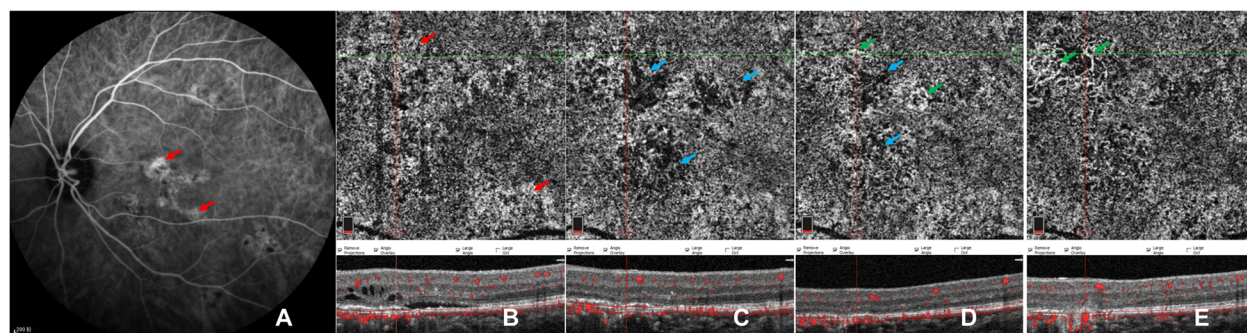
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**Fig. 3** Images of a case showing CC pattern of gradually increasing flow signals after PDT. ICGA (a) of baseline reveals partial choriocapillary hyperpermeability (red arrow) and focal hypo-fluorescent areas (blue arrow). En-face OCTA (B-F) of CC slab and the corresponding cross-sectional B-scan OCT (b-f) demonstrated the CC flow changes with time. Dilatation of CC (red arrow) accompanied by dark areas (blue arrow) can be seen at baseline (b). Recovery sign of increasing flow signals and decreasing dark areas was found at 1 week (c) after half-dose PDT and at the following 1-m (d), 3-m (e) and 6-m (f) follow-ups, while foci of dark areas (blue arrows) remained



**Fig. 4** Images of a case showing CC pattern of transient network of neovascularization. ICGA (a) of baseline revealed widespread lesions of choriocapillary hyperpermeability (red arrow) with hypo-fluorescent areas within them. En-face OCTA (b-f) of CC slab and the corresponding cross-sectional B-scan OCT (b-f) demonstrated the CC flow changes with time. Local dialed CC patterns in macular region surrounded by defused flow signal void were noticeable at baseline (b). An emerging network of neovascularization (green arrow) accompanying foci of reduced flow signals (blue arrow) was observed at 1 week after half-dose PDT (c), which gradually subsided (green arrows) during subsequent follow-ups of 1 month (d), 3 months (e) and 6 months (f) while focally recovering with CC perfusion (blue arrow)



**Fig. 5** Images of a case showing CC pattern of worse CC ischemia followed by persistent type I CNV. ICGA (a) of baseline revealed multifocal choriocapillary hyperpermeability (red arrows). En-face OCTA (b-f) of CC slab and the corresponding cross-sectional B-scan OCT (b-f) demonstrated the CC flow changes with time. Defused dilatation of CC (red arrow) can be detected at baseline, with punctate dark areas within the lesions. Local worse CC ischemia (blue arrows) was found at 1 week after half-dose PDT (c), combined with dynamic changes of neovascularization of sprouts (d) at 1-m follow-up, and grew with loose network of CNV (green arrows) during follow-ups of 3 months (e) and 6 months (f) while focally recovering with CC perfusion (blue arrow)