Influence of disease control with pegvisomant on sleep apnoea and tongue volume in patients with active acromegaly

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The authors of the above mentioned article published in this journal in 2009 (vol 161 Iss 6 pages: 829–835) apologise for an error in [Figure 1](#) of their reported study.

[Figure 1](#) of the article shows two images of MRI detailing the special technique of calculating the tongue volume and hence determining the effect of treatment for acromegaly. This followed a method previously used in the authors' earlier study (1). The figure was included as a graphical illustration of the technique to give a better understanding for the reader. For this purpose, the authors reproduced an image their earlier study (1); however, the caption for [Figure 1](#) incorrectly described this figure as an example from the 2009 study.

The correct [Figure 1](#) is published here to ensure that there is no confusion. The authors confirm that the replacement of this figure does not affect the results and conclusions of the article and apologise for any inconvenience or confusion caused by this error.

Figure 1

Measurement of the tongue volume by employing a 2D-True-Fisp sequence in sagittal slice orientation with MRI in one patient with acromegaly at baseline (A) and after a 6-month treatment period of pegvisomant (B).

Reference

- 1 Herrmann BL, Wessendorf TE, Ajaj W, Kahlke S, Teschler H & Mann K. Effects of octreotide on sleep apnoea and tongue volume (magnetic resonance imaging) in patients with acromegaly. *European Journal of Endocrinology* 2004 **151** 309–315. (<https://doi.org/10.1530/eje.0.1510309>)