Third, we reported that 17 of 27 patients with PD presented with left-side *onset*. These patients continued left-side dominance of symptoms at the time of study based on motor scores (data not presented), which is consistent with the report by Lee et al (3). However, over time, PD symptoms frequently become bilateral, which may partially explain the left SN abnormalities at imaging. Further study will be needed to advance our understanding regarding laterality, both clinically and radiologically.

Last, susceptibility-weighted imaging is sensitive to iron deposition (4), whereas high-*b*-value diffusion MRI can probe tissue microstructures (5). It was not our intent to compare the performance of these two techniques. Instead, our focus was on reporting lateral asymmetry of SN in quantitative diffusion parameters. This asymmetry may complement other imaging techniques such as susceptibility-weighted imaging to improve the characterization of PD.

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Virtual Noncalcium Dual-Energy CT: Could It Serve as an Alternative to MRI?

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Editor:

We read with great interest the article by Dr Booz and colleagues titled, "Virtual Noncalcium Dual-Energy CT: Detection of Lumbar Disk Herniation in Comparison with Standard Gray-Scale CT," which was published in the February 2019 issue of *Radiology* (1).

In their study, virtual noncalcium dual-energy CT showed better performance for depicting lumbar disk herniation compared with conventional CT (1). However, even with advances in technology, dual-energy CT requires higher radiation dose than single-energy CT (2).

More importantly, disk herniation itself has a small impact on treatment decisions for patients with low back pain (3). MRI signal intensity changes such as a high-signal-intensity zone can be clinically more important than structural changes in the disk (4). On the other hand, disk degeneration and a high-signal-intensity zone do not directly correlate with pain (4). In addition, endplate degeneration should not be ignored in patients with low back pain (5). In our opinion, all of these findings, including spinal cord signal intensity, should be considered to determine treatment for patients with low back pain.

In summary, "disk herniation" by itself is incomplete for the explanation of a patient's symptoms. The utility of MRI is not confined to detecting lumbar disk herniation. If the virtual noncalcium image cannot provide additional characteristics other than herniation, it will not be an effective alternative to MRI.

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Response

From
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We thank Drs Lee and Lee for their interest in our study on the ability of dual-energy CT to depict lumbar disk herniation (1). We whole-heartedly agree that radiation dose levels are of utmost importance, especially in CT of the spine—where MRI is more commonly used. In this context, the 2012 review article by Henzler et al that the authors mention in their letter compared radiation doses of dual-energy CT and single-energy CT in more than 250 peer-reviewed studies, with Henzler et al concluding that "there is strong evidence that [dual-energy CT] imaging with [dual-source CT] is not associated with increased radiation dose levels" (2). This has been reaffirmed in the meantime by multiple studies that demonstrated equal or even lower radiation dose of a third-generation dual-source CT system (which was used in our study) and other dual-energy CT systems in comparison to single-energy CT (3,4). Thus, dual-energy CT is considered a viable and effective alternative to single-energy CT, providing reliable image quality without increased radiation dose and, often, additional diagnostic information.

Furthermore, we fully agree with their opinion regarding the value of MRI as a comprehensive modality to visualize various diseases of the spine and, consequently, potential causes for lower back pain. The goal of our study was therefore not to develop a dual-energy CT technique to replace MRI, but instead to maximize the information obtained from CT that is frequently performed in clinical routine but in which lumbar disk herniation is often not reported due to technical limitations. While we are confident that dual-energy CT may also be able to depict other abnormalities that can be commonly observed with MRI in patients with lower back pain, such as bone marrow edema (5), we decided to focus our study on a direct comparison of diagnostic performance between these modalities regarding depiction of lumbar disk herniation and spinal nerve root impingement. Other potential causes of lower back pain were therefore not included but may be an interesting subject for future studies. We believe that our findings add to the growing set of dual-energy CT techniques that provide additional information in routine imaging to improve diagnosis and, ultimately, treatment.

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Errata

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Radiology 2018;289(1):248–254

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Superior Hypogastric Nerve Block as Post–Uterine Artery Embolization Analgesia: A Randomized and Double-Blind Clinical Trial

Joongchul Yoon, David Valenti, Karl Muchantef, Tatiana Cabrera, Fadi Toonsi, Carlos Torres, Ali Bessissow, Pouya Bandegi, Louis-Martin Boucher

Erratum in:

Radiology 2019;292(1):XXX

DOI:10.1148/radiol.2019194008

This erratum corrects an error in the reporting of average fibroid volume in the demographics (Table 1). The calculation was performed using diameter instead of radius. This has no impact on the final conclusion, and the revised *P* value remains nonsignificant.

In Results, second sentence, the *P* value for fibroids volume should read as follows: "size of three largest fibroids (*P* =**.49**)…"

In Table 1, the data for total volume of three largest fibroids (cm^3) should read as follows: For SHNB group, **310** ± **260**; for sham group, **265** ± **177**; *P* =**.49.**

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Radiomics Analysis of Gadoxetic Acid–enhanced MRI for Staging Liver Fibrosis

Hyo Jung Park, Seung Soo Lee, Bumwoo Park, Jessica Yun, Yu Sub Sung, Woo Hyun Shim, Yong Moon Shin, So Yeon Kim, So Jung Lee, Moon-Gyu Lee

Erratum in:

Radiology 2019;292:269

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This erratum corrects an error in the radiomics model equation for radiomics fibrosis index (RFI) provided in the original manuscript. In the "Model Development in the Development Cohort" section in the Results, the correct formula should read as follows:

$$\text{RFI} = \frac{e^a}{(1+e^a)},$$

$$a = -\mathbf{52.399} - \mathbf{2.055}\cdot\text{NLE} - \mathbf{11.372}\cdot\text{LRLGE} + \mathbf{52.933}\cdot\text{MAXP} + \mathbf{13.463}\cdot\text{SUME}$$

All results presented in the article are correct and do not require any correction.