

CORRECTION

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# Correction to: Ictal semiology, functional anatomy and multimodal diagnostic in patients with insular epilepsies

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**Correction to: *Acta Epileptologica* (2019) 1:8**  
**<https://doi.org/10.1186/s42494-019-0006-6>**

After publication of this article [1], it is noticed there are errors with figure numbering and matching between figure artwork and caption with Figs. 3, 4, 5 and 6.

The correct Figs. 3, 4, 5 and 6 are as follows.

We apologize for the inconvenience caused.

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## Reference

1. Stefan, Gollwitzer. Ictal semiology, functional anatomy and multimodal diagnostic in patients with insular epilepsies. *Acta Epileptologica*. 2019;1:8. <https://doi.org/10.1186/s42494-019-0006-6>.

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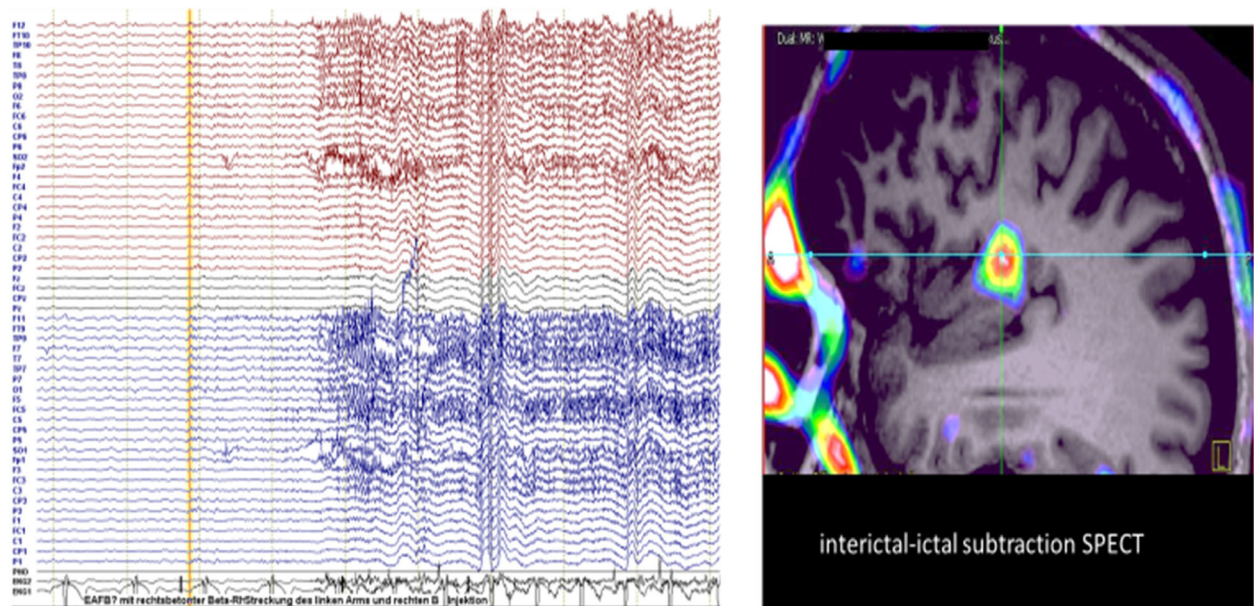
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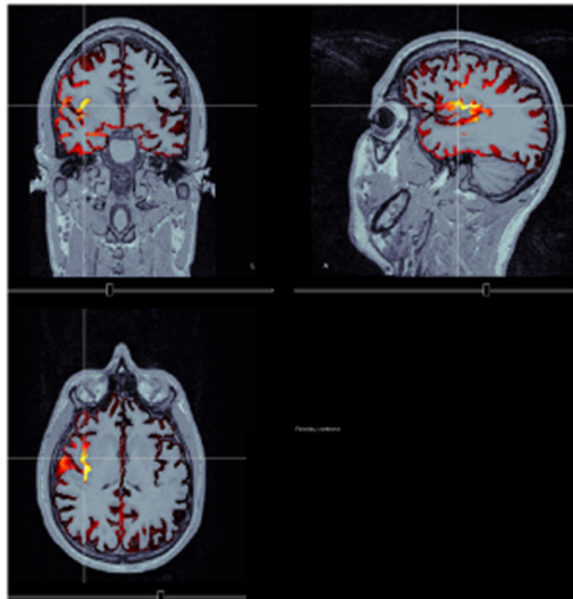


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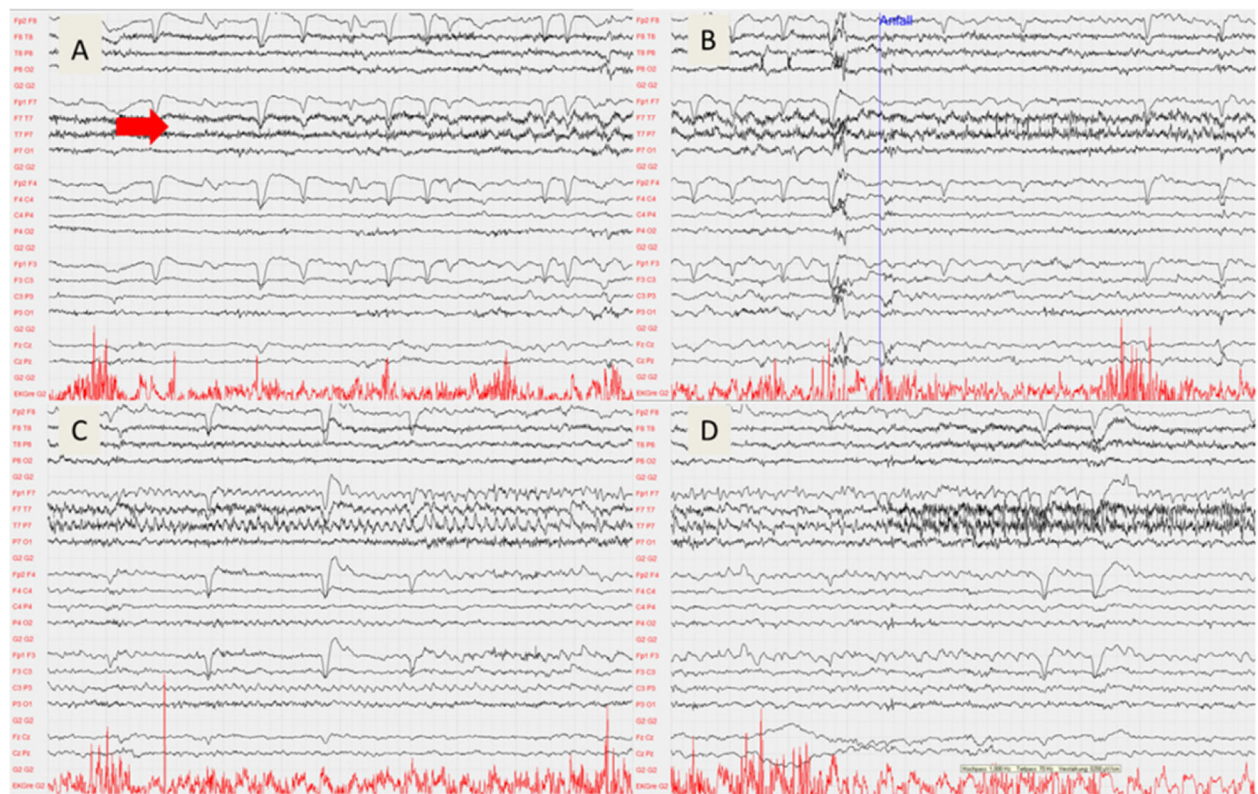
**Fig. 3** Left: Ictal EEG with muscle artifacts, tachycardia after seizure onset. Injection of technetium HMPAO 5 s after seizure onset for Single Photon Emission Computed Tomography (SPECT). Right: SPECT demonstrates ictal hyperperfusion in the sylvian region (courtesy Prof. T. Kuwert, University Hospital Erlangen)

## MEG

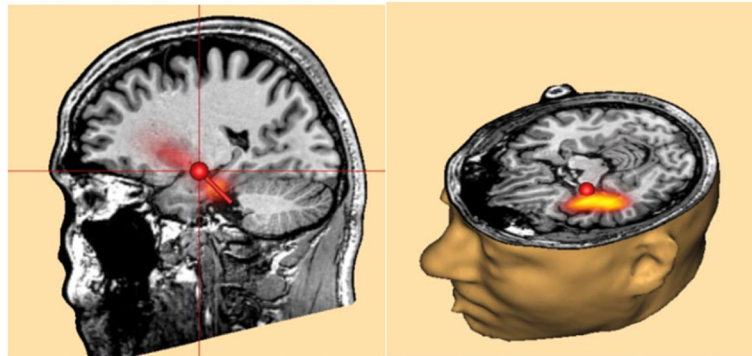


dSPM

**Fig. 4** MEG localization in the insula (yellow); dynamic statistical parametric maps (dSPM)



**Fig. 5** Ictal scalp EEG. A left temporal seizure pattern appeared up to 50 s after clinical seizure onset



**Fig. 6** Dipole and Clara localization Dipol- und Clara-localisation from 165 MEG-spikes (average, RV 3,8%), focal noninvasive interictal localization points to insular-temporal left