

Erratum to “A new variant of posterior canal-benign paroxysmal positional vertigo-canalolithiasis” [Auris Nasus Larynx (2020) 924–930]



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The publisher regrets the error in [Figures 1 and 3](#).

The publisher would like to apologise for any inconvenience caused.

Nystagmographs and Movies of the head positioning nystagmus of the new variant of BPPV recorded during the D-H method (Case 6 in Table 1). Head positioning from the upright sitting position to the right D-H head position (left, Movie 1); head positioning from the right D-H head position to the upright sitting position (right, Movie 2); horizontal eye movement (top); vertical eye movement (middle); and torsional eye movement (bottom). The direction of torsional nystagmus is the side of the ear toward which the upper pole of the eye rotates. ↓ indicates immediately after head positioning. In the right D-H head position, downbeating-torsional nystagmus toward the left side is observed with a latency of 4 seconds. The nystagmus gradually attenuates and disappears. The nystagmus duration is approximately 15 seconds. The maximum slow-phase velocities of nystagmus are 5.9°/s (downward) and 4.8°/s (torsional). In the upright sitting position, intense upbeating-torsional nystagmus toward the right side is observed with a latency of 4 seconds. The nystagmus gradually increases, attenuates, and disappears. The nystagmus duration is approximately 23 seconds. The maximum slow-phase velocities of nystagmus are 18.5°/s (upward) and 7.1°/s (torsional).

The Figure shows the nystagmus direction due to the right posterior semicircular canal and right anterior semicircular canal based on Ewald's first law (some illustrations are modified from [8]). We can observe nystagmus as the movement of the front of the eyeballs. These two can be easily distinguished by observing the direction of the arc-shape projection of the rotatory component. When the arc-shape projection is directed to the healthy side, nystagmus should originate from the posterior semicircular canal. When the arc-shape projection is directed to the affected side, nystagmus should originate from the anterior semicircular canal.

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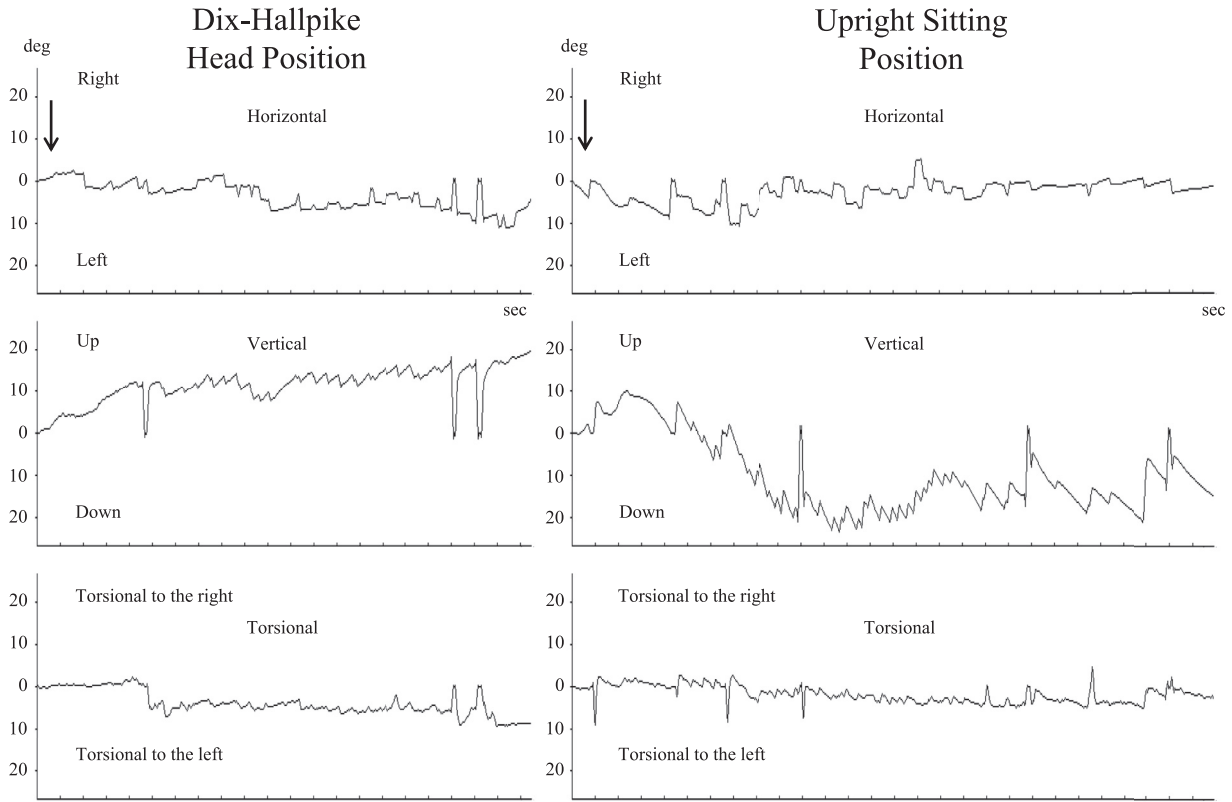


Fig. 1. Head positioning nystagmus of a new variant of BPPV.

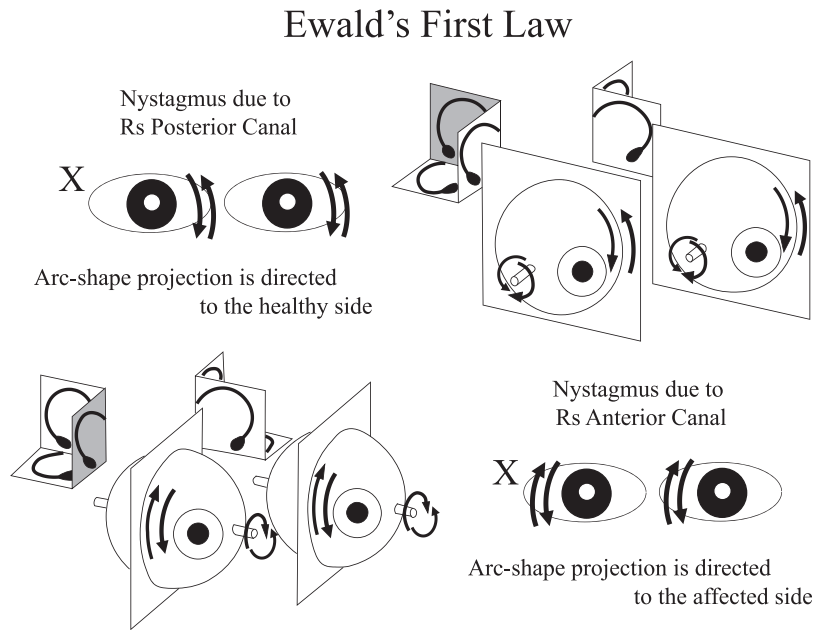


Fig. 3. Nystagmus due to the posterior semicircular canal and anterior semicircular canal.