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Dr J Westerberg takes responsibility for the integrity of the content of the paper
Competing interests: None declared

The Journal of Laryngology & Otology (2011), **125**, 132.
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doi:10.1017/S0022215110002768

ERRATUM

Ten-year myringoplasty series: does the cause of perforation affect the success rate?

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doi 10.1017/S0022215110002069, pp. 126–132 Published by Cambridge University Press, November 2010

In the published version of this paper, the following figure legends were published:

FIG. 1 Fascia profile used for a small perforation (p) that does not reach the malleus. The tympanic membrane is dissected from the malleus shaft. A short horizontal slit is made in the fascia and the malleus tip is passed through. The inferior half of the manubrium will thus be located on the lateral surface of the fascial transplant. Bony septa are removed at the tubal threshold as well as the hypotympanum, to achieve a good overlap.

FIG. 2 Fascia profile used for a large perforation (P). The tympanic membrane is dissected from all of the malleus shaft except for a small area on the tip. A horizontal slit is made in the fascia from the anterior edge to the centre. The fascia is placed with one 'tail' above and the other below the umbo. The preserved attachment at the umbo prevents lateralisation of the transplant.

These figure legends should read:

FIG. 1 Fascia profile used for a small perforation (p) that does not reach the malleus. The tympanic membrane is dissected from all of the malleus shaft except for a small area at the tip. A horizontal slit is made in the fascia from the anterior edge to the centre. The fascia is placed with one 'tail' above and the other below the umbo. The preserved attachment at the umbo prevents lateralisation of the transplant.

FIG. 2 Fascia profile used for a large perforation (P). The tympanic membrane is dissected from the malleus shaft. A short, horizontal slit is made in the fascia and the malleus tip is passed through. The inferior half of the manubrium will thus be located on the lateral surface of the fascial transplant. Bony septa are removed at the tubal threshold as well as the hypotympanum, to achieve a good overlap.

Also in this paper, the fourth sentence of the 'Hearing results' subsection of the 'Results' section was published as:

In 84 per cent of ears, the post-operative air conduction, measured as PTA, was ≥ 30 dB, a level known to be adequate for daily life.

It should read:

In 84 per cent of ears, the post-operative air conduction, measured as PTA, was ≤ 30 dB, a level known to be adequate for daily life.

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