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ERRATUM

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Biomechanical in vitro comparison of different mono- and bisegmental anterior procedures with regard to the strategy for fracture stabilisation using minimally invasive techniques

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Figure 2 was inadvertently omitted and Fig. 5 appeared twice (as Fig. 4 und Fig. 5). The correctly numbered figures are given here with their legends.

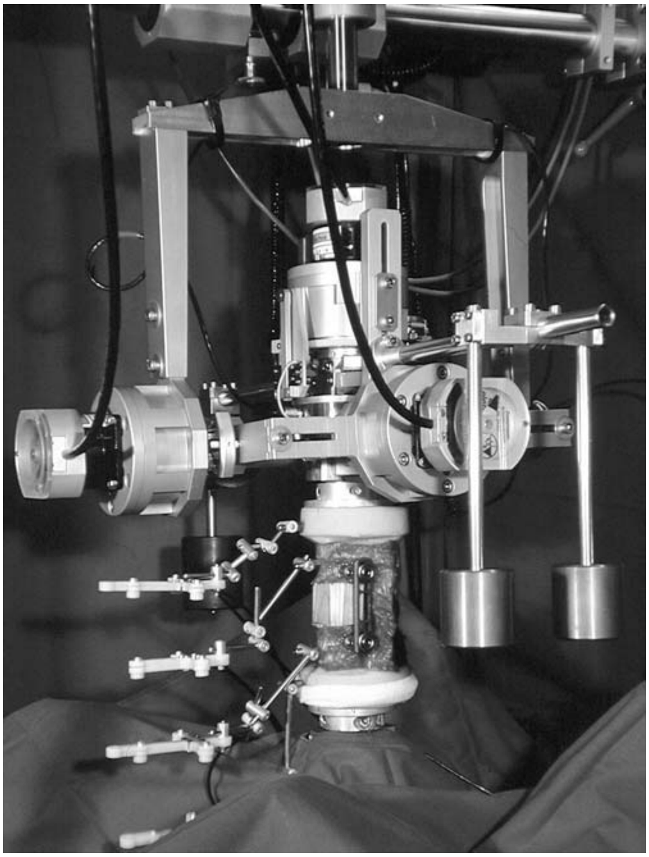

Fig. 1 Spine tester

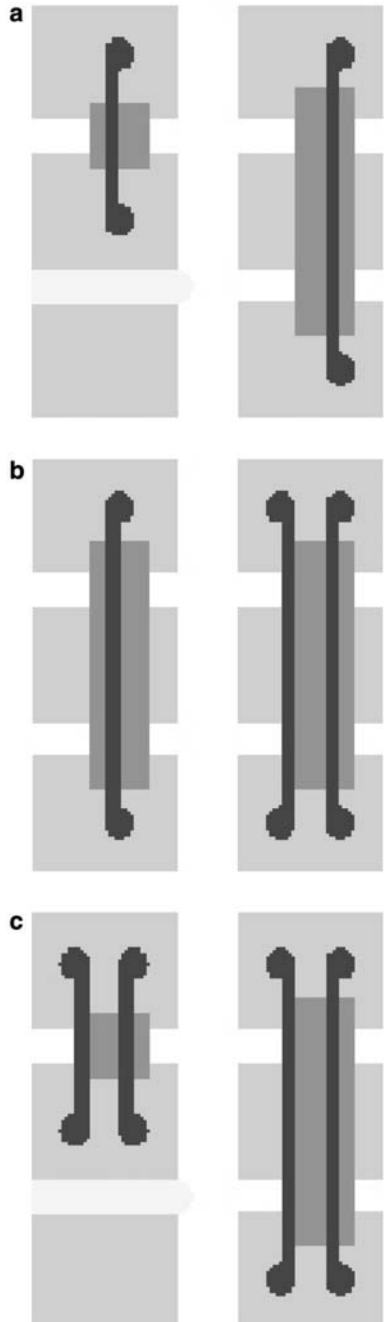

Fig. 2a–c Test sequence. **a** Using anterior two-point stabilisation with improved screw holding strength, the study investigated whether two-point stabilisation, which is easier to implant endoscopically, provides sufficient biomechanical stability in both mono- and bisegmental fixation. HMA System (Aesculap, Tuttlingen, Germany). **b** The increase in stability with anterior four-point stabilisation compared to two-point stabilisation was investigated in a model of bisegmental stabilisation. US System/Ventrofix (Stratec, Oberdorf, Switzerland). **c** Finally, mono- and bisegmental stabilisation during instrumentation with four-point stabilisation that can be implanted completely endoscopically was compared biomechanically (3–5, 10, 20–25). MACS TL System (Aesculap, Tuttlingen, Germany)

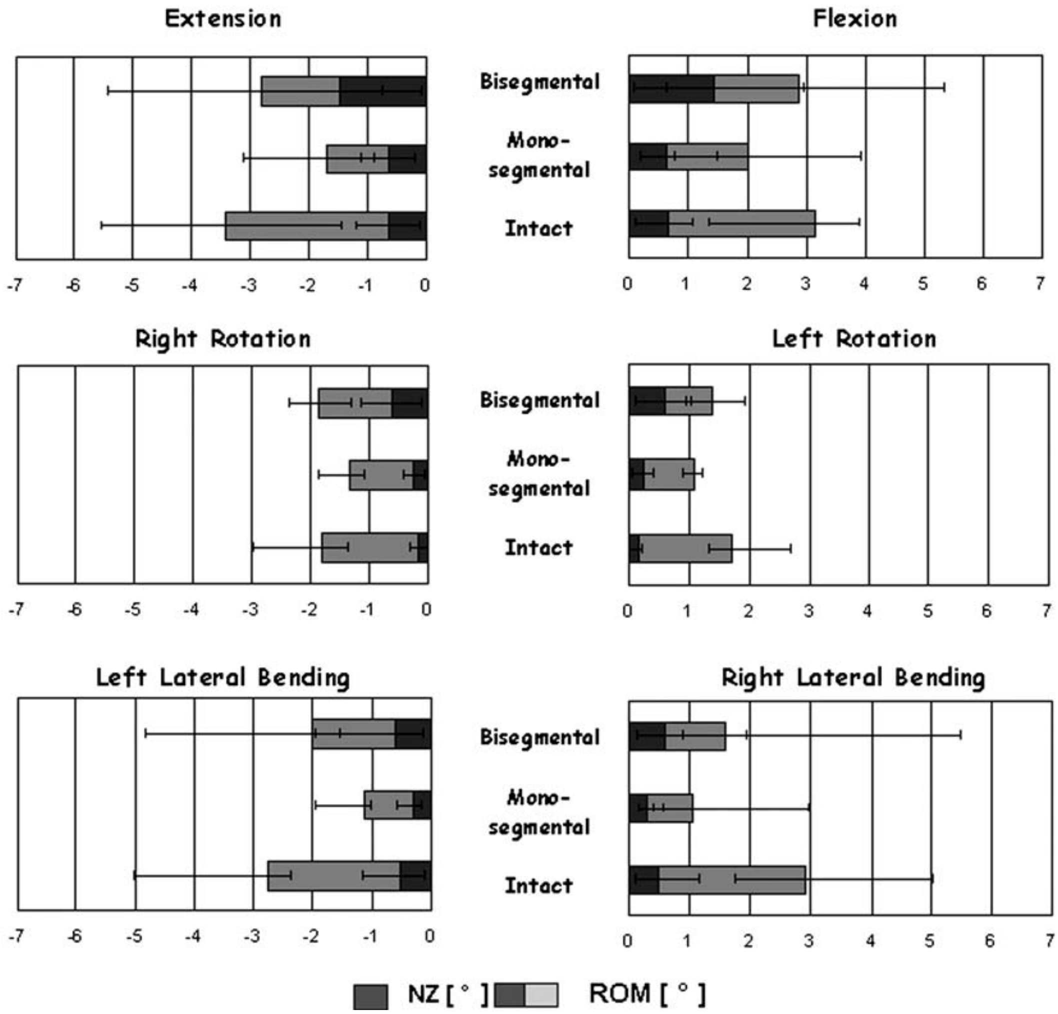

Fig. 3 Median and ROM (degree) and NZ (degree) of the mono- or bisegmental T11–T12/L1 segment stabilised with the HMA System (two-point stabilisation) in flexion/extension, rotation, and lateral bending

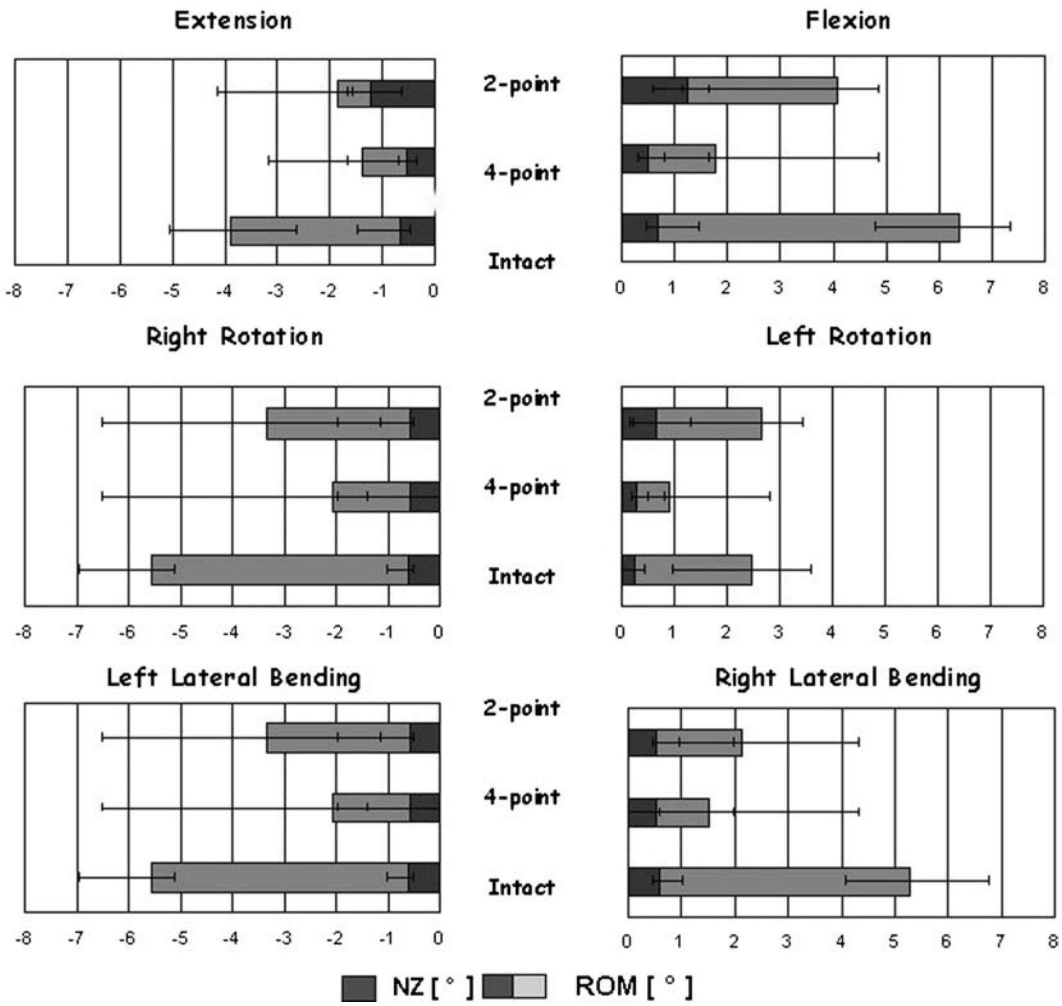

Fig. 4 Median and ROM (degree) and NZ (degree) of the bisegmental T11–T12/L1 segment stabilised with the US system (two-point stabilisation) or Ventrofix (four-point stabilisation) in flexion/extension, rotation, and lateral bending

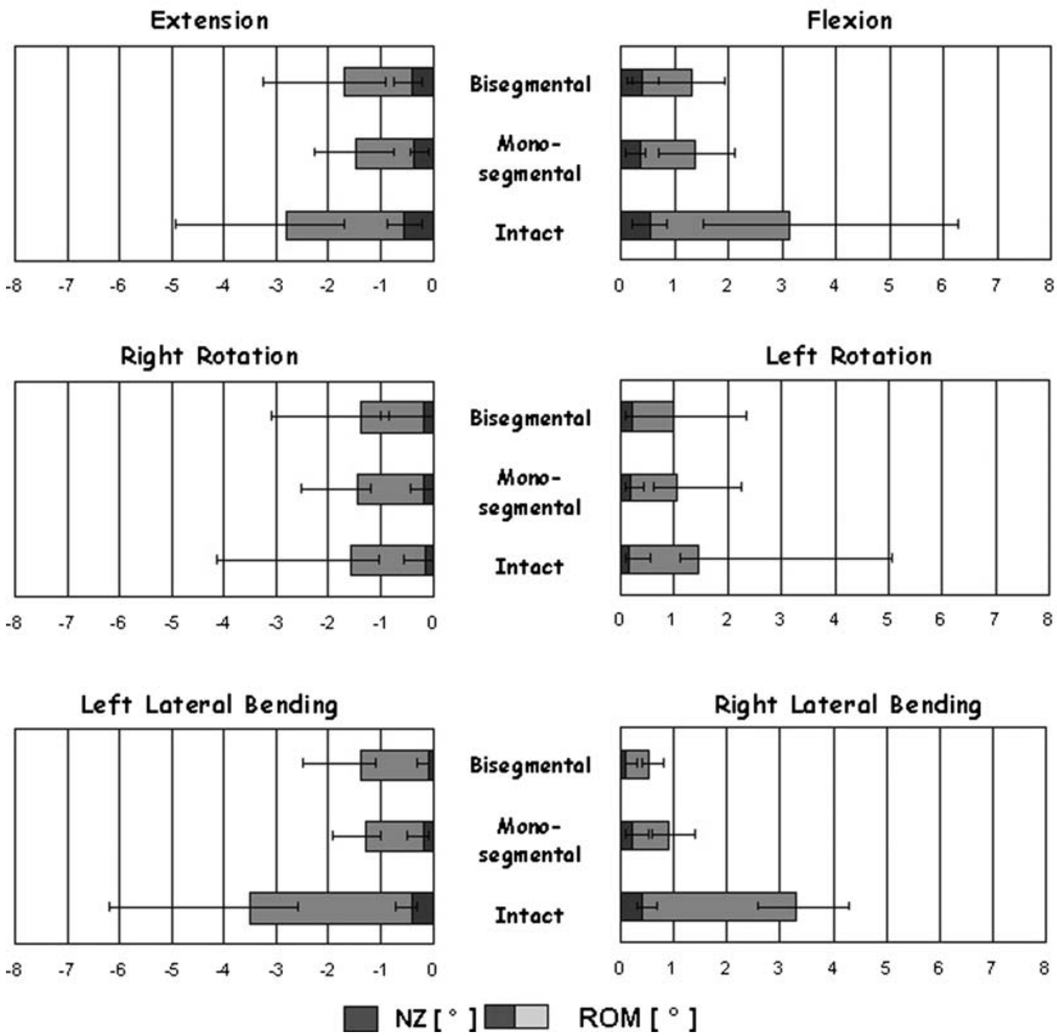

Fig. 5 Median and ROM (degree) and NZ (degree) of the mono- or bisegmental T11–T12/L1 segment stabilised with the MACS TL System (four-point stabilisation) in flexion/extension, rotation, and lateral bending