

CORRECTION

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# Correction to: Feasibility and efficacy of lung ultrasound to investigate pulmonary complications in patients who developed postoperative Hypoxaemia—a prospective study

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**Correction to: BMC Anesthesiol 20, 220 (2020)**  
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Following publication of the original article [1], the authors reported an error in Figs. 1 and 2 which are schematic figures of methods. The authors forgot to make relevant references to the figures as these have been published in authors previous work, Xie et al. 2020 [2].

Xie et al. 2020 [2] has been added to the captions of Figs. 1 and 2.

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## References

1. Xie C, Sun K, You Y, et al. Feasibility and efficacy of lung ultrasound to investigate pulmonary complications in patients who developed postoperative Hypoxaemia—a prospective study. *BMC Anesthesiol.* 2020;20(1): 220. <https://doi.org/10.1186/s12871-020-01123-6>.
2. Xie C, Sun N, Sun K, et al. Lung ultrasound and diaphragmatic excursion assessment for evaluating perioperative atelectasis and aeration loss during video-assisted thoracic surgery: a feasibility study. *Ann Palliat Med.* 2020;9: 1506–17. <https://doi.org/10.21037/apm-19-595b>.

The original article can be found online at <https://doi.org/10.1186/s12871-020-01123-6>.

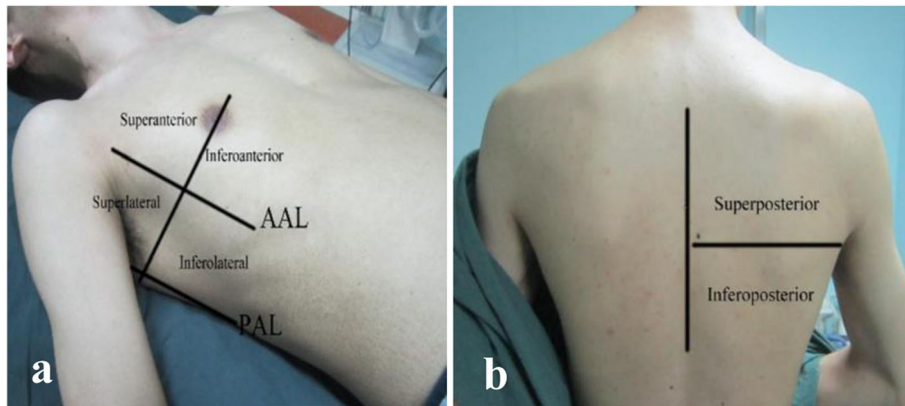
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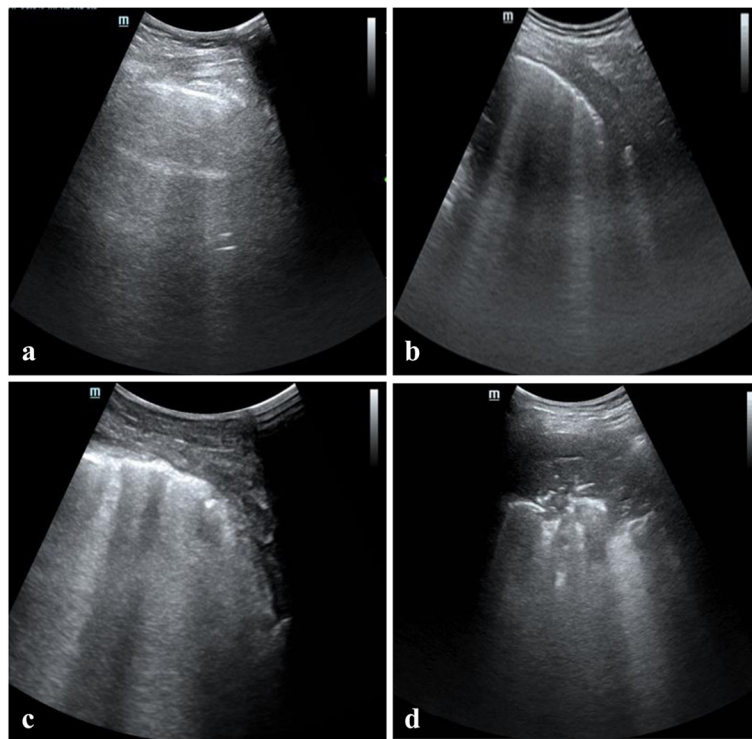
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**Fig. 1** Hemithorax partition during lung ultrasound examination. **a, b** Each hemithorax was divided into 6 quadrants by anterior and posterior axillary lines. Abbreviations: AAL, anterior axillary line; PAL, posterior axillary line. Xie et al. 2020 [2]



**Fig. 2** Lung ultrasound signs with different scores. **a** score 0, healthy lung, equidistant A-lines parallel to the sliding pleura; **b** score 1, moderate aeration loss, no fewer than 3 dispersive B lines originated from the pleura; **c** score 2, serious aeration loss, presence of coalescent B lines with irregular pleura; **d**, score 3, absolute aeration loss, subpleural consolidation. Xie et al. 2020 [2]