



cular necrosis.<sup>3)</sup> In a matter of several weeks, flattening of the subchondral bone may occur in addition to abnormal findings in the trabecular bone. Most of the time, this trabecular abnormality is characterized radiographically by a radiolucency surrounded by an area of increased sclerosis.

### Prognosis

The prognosis of this lesion depends on the size. In the early stage of osteonecrosis, nonsurgical treatment includes non-weight bearing and analgesics. In patients with more advanced disease, however, treatment options include lesion debridement, high tibial osteoto-

my, osteochondral allograft, and unicompartmental or total knee arthroplasty.

### REFERENCES

1. Ahlback S, Bauer GCH, Böhne WH. Spontaneous osteonecrosis of the knee. *Arthritis Rheum* 1968; 11:705–733.
2. Lotke PA, Ecker ML. Osteonecrosis of the knee. *J Bone Joint Surg Am* 1988; 70:470–473.
3. Pollack MS, Dalinka MK, Kressel HY, Lotke PA, Sprintzer CE. Magnetic resonance imaging in the evaluation of suspected osteonecrosis of the knee. *Skeletal Radiol* 1987; 16:121–127.

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### CORRECTION

The article “Mitochondrial cytopathy in adults: What we know so far” by Drs. Bruce H. Cohen and Deborah R. Gold (*Cleve Clin J Med* 2001; 68:625–648) contained an error. In FIGURE 1, the direction of the conver-

sion of NADH to NAD<sup>+</sup> and of FADH<sub>2</sub> to FAD in the electron transport chain was reversed. The correct figure is shown below.

