cular necrosis.[3]) 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 osteotomy, osteochondral allograft, and unicompartmental or total knee arthroplasty.

REFERENCES

1. **Ahlback S, Bauer GCH, Bohne 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 conversion of NADH to NAD^+ and of $FADH_2$ to FAD in the electron transport chain was reversed. The correct figure is shown below.