

OPEN ACCESS

APPROVED BY

Frontiers Editorial Office, Frontiers Media SA, Switzerland

*CORRESPONDENCE
Caitlin W. Hicks
Chicks11@jhmi.edu

RECEIVED 07 June 2023 ACCEPTED 13 June 2023 PUBLISHED 23 June 2023

CITATION

Keegan AC, Bose S, McDermott KM, Starks White MP, Stonko DP, Jeddah D, Lev-Ari E, Rutkowski J, Sherman R, Abularrage CJ, Selvin E and Hicks CW (2023) Corrigendum: Implementation of a patient-centered remote wound monitoring system for management of diabetic foot ulcers. Front. Endocrinol. 14:1235970. doi: 10.3389/fendo.2023.1235970

COPYRIGHT

© 2023 Keegan, Bose, McDermott, Starks White, Stonko, Jeddah, Lev-Ari, Rutkowski, Sherman, Abularrage, Selvin and Hicks. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Corrigendum: Implementation of a patient-centered remote wound monitoring system for management of diabetic foot ulcers

Alana C. Keegan^{1,2}, Sanuja Bose², Katherine M. McDermott², Midori P. Starks White², David P. Stonko², Danielle Jeddah³, Eilat Lev-Ari³, Joanna Rutkowski², Ronald Sherman², Christopher J. Abularrage², Elizabeth Selvin⁴ and Caitlin W. Hicks^{2*}

¹Department of Surgery, Sinai Hospital of Baltimore, Baltimore, MD, United States, ²Division of Vascular Surgery and Endovascular Therapy, Johns Hopkins University, Baltimore, MD, United States, ³Department of Clinical Development, Healthy.io Ltd., Tel Aviv, Israel, ⁴Department of Epidemiology, Johns Hopkins School of Public Health, Baltimore, MD, United States

KEYWORDS

diabetic foot ulcer (DFU), diabetes, smartphone application (app), telemedicine, technology, smartphone, diabetic foot

A corrigendum on

Implementation of a patient-centered remote wound monitoring system for management of diabetic foot ulcers

by Keegan AC, Bose S, McDermott KM, Starks White MP, Stonko DP, Jeddah D, Lev-Ari E, Rutkowski J, Sherman R, Abularrage CJ, Selvin E and Hicks CW (2023). *Front. Endocrinol.* 14:1157518. doi: 10.3389/fendo.2023.1157518

In the published article, there was an error in Table 2 as published. Some of the characteristics that represent means (standard deviation) are designated as representing (%). The corrected Table 2 and its caption appear below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Keegan et al. 10.3389/fendo.2023.1235970

TABLE 2 Baseline wound characteristics and related surgical procedures of the study population.

Characteristic	Overall % (N=25)
Wound location	
Lateral/forefoot	44.0% (11)
Lower leg/ankle	32.0% (8)
Heel	12.0% (3)
Plantar foot	8.00% (2)
Toe	4.00% (1)
Wound area, mean cm ² ± SD	18.0 ± 15.2
Osteomyelitis	24.0% (6)
WIfI Classification	
1	24.0% (6)
2	40.0% (10)
3	28.0% (7)
4	8.00% (2)
Toe pressure, mean mmHg ± SD (N= 17)	79.6 ± 45.0
Ankle Brachial Index, mean ± SD (N= 16)	1.0 ± 0.2
Related revascularization procedure	
Endovascular	32.0% (8)
Open	32.0% (8)
No. revascularization procedures, mean ± SD	1.1 ± 1.5
Podiatric interventions of the affected limb*	
None	20.0% (5)
Bone resection/debridement	56.0% (14)
Biologic coverage	48.0% (12)
Minor amputation	40.0% (10)
Skin graft	16.0% (4)
Home care	60.0% (15)
Wound dressing type	
Collagen	24.0% (6)
Negative pressure wound therapy	16.0% (4)
Wound hydration	24.0% (6)
F	12.00/ (2)
Enzymatic debridement	12.0% (3)

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

WIfl, Wound, Ischemia, and foot Infection.
*Sum equals greater than 100% because some patients received more than one podiatric intervention.