



# Erratum on: Insights from the supplementary motor area syndrome in balancing movement initiation and inhibition

## Frontiers Production Office\*

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### An erratum on

#### Insights from the supplementary motor area syndrome in balancing movement initiation and inhibition

by Potgieser, A. R. E., de Jong, B. M., Wagemakers, M., Hoving, E. W., and Groen, R. J. M. (2014) *Front. Hum. Neurosci.* 8:960. doi: 10.3389/fnhum.2014.00960

### Reason for Erratum:

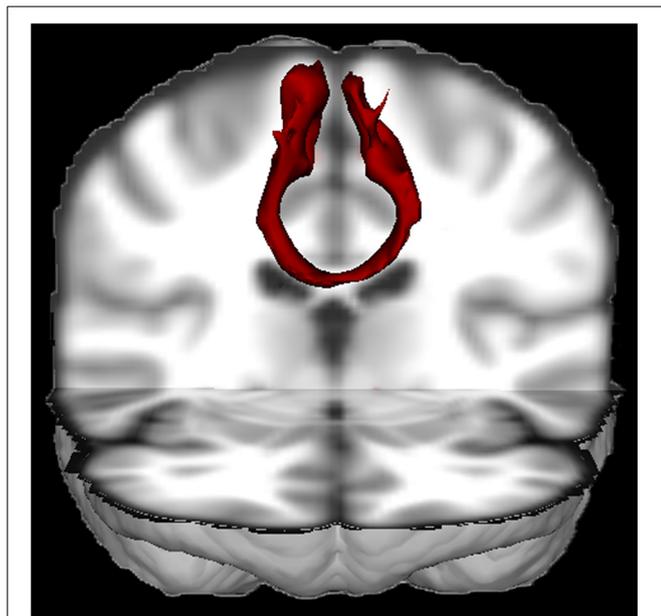
The first sentence of **Figure 1** caption was applied to **Figure 2** caption along with the footnote that was supposed to be in the caption for **Figure 1**, due to a typesetting error. This error does not change the scientific conclusions of the article in any way. The publisher apologizes for this error and the correct version of both **Figures 1, 2** with their corrected captions appears below.

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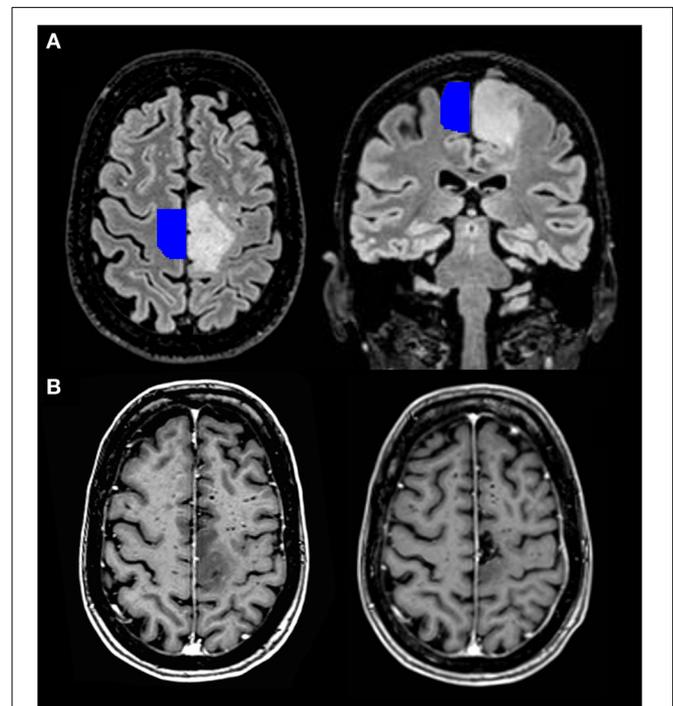
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**FIGURE 1 | 3D view of the probabilistic tractography between both SMA's from a single healthy subject (made with FSL)<sup>1</sup>.** The tractography result was transformed to Montreal Neurological Institute (MNI) space. This figure nicely illustrates that the SMA's are densely interconnected through the corpus callosum.

<sup>1</sup>This is freely available on [www.fmrib.ox.ac.uk/fsl](http://www.fmrib.ox.ac.uk/fsl).



**FIGURE 2 | Pre- and post-operative MRI scan of a 64-year-old patient with a diffuse astrocytoma (WHO grade II) in the left SMA. (A)** Transversal and coronal T2-weighted FLAIR images, with an SMA template projected on the healthy hemisphere. The latter is freely available and derived from a large meta-analysis describing the location of the sensorimotor areas (Mayka et al., 2006). **(B)** Transversal images after gadolinium contrast from the same patient before (left lower corner) and three months after the operation (right lower corner). She had a complete motor loss on the right side after the operation, which quickly recovered.