Correction to Mathieu D, Marroni A, Kot J: Tenth European Consensus Conference on Hyperbaric Medicine: recommendations for accepted and non-accepted clinical indications and practice of hyperbaric oxygen treatment. *Diving Hyperb Med*. 2017 Mar;47(1):24-32.

Consistent with the Committee on Publication Ethics guidelines, we the above authors are initiating a partial retraction and correction of our paper: Mathieu D, Marroni A, Kot J: Tenth European Consensus Conference on Hyperbaric Medicine: recommendations for accepted and non-accepted clinical indications and practice of hyperbaric oxygen treatment. *Diving Hyperb Med*. 2017 Mar;47(1):24-32.

We wish to make the following statement:

“Regardless of the strict process of editing and proof-reading of tables included in the above-mentioned publication, we received some comments from readers which showed us that imperfect layout of Table 1 and incorrect layout of Table 2 changed significantly the conclusions which could be drawn from them.

Table 1 described the relation between strength of recommendations given by the Jury of the Consensus Conference and the level of evidence based on the GRADE system. There should be a clear and straight relation showing that Level 1 “strong recommendation” should be based on GRADE A “high level of evidence (LOE)”, Level 2 “weak recommendation” should be based on GRADE B “moderate LOE”, Level 3 “neutral recommendation” should be based on GRADE C “low LOE” and finally no recommendation should be given when only GRADE D “very low LOE” are present. Note that there is no change to the content of the table, but only visual representation of this relationship.

Table 2 has been incorrectly printed. In fact, there is no GRADE A LOE. All X marks placed in the column A should be moved to the right, to GRADE B LOE. In the same way, all X marks placed in the column B should be moved to the right, to GRADE C LOE.

We voluntarily retract these tables from the above-mentioned publication, expressing our regret for the situation.”

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The corrected Tables 1 and 2 are published below and have been corrected in the pdf version of the March 2017 issue on the society websites.

Table 1

Consensus-based and GRADE scaling for recommendations;

GRADE – Grading of Recommendations Assessment, Development and Evaluation System

Strength of Recommendation (Consensus-Based)

Level 1 = Strong recommendation = “*We recommend...*”

The course of action is considered appropriate by the large majority of experts with no major dissension. The panel is confident that the desirable effects of adherence to the recommendation outweigh the undesirable effects.

Level 2 = Weak recommendation = “*We suggest...*”

The course of action is considered appropriate by the majority of experts but some degree of dissension exists amongst the panel. The desirable effects of adherence to the recommendation probably outweigh the undesirable effects.

Level 3 = Neutral recommendation = “*It would be reasonable...*”

The course of action could be considered appropriate in the right context.

No recommendation

No agreement was reached by the group of experts.

Level of Evidence (Based on GRADE System)

Grade A = High level of evidence

The true effect lies close to our estimate effect.

Grade B = Moderate level of evidence

The true effect is likely to be close to our estimate of the effect, but there is a possibility that it is substantially different.

Grade C = Low level of evidence

The true effect may be substantially different from our estimate of the effect

Grade D = Very low level of evidence

Our estimate of the effect is just a guess, and it is very likely that the true effect is substantially different from our estimate of the effect.

Table 2

Recommendations on the indications accepted for HBOT; there was no Level A evidence.

Condition	Level of evidence		Agreement level
	B	C	
Type 1			
CO poisoning	X		Strong agreement
Open fractures with crush injury	X		Strong agreement
Prevention of osteoradionecrosis after dental extraction	X		Strong agreement
Osteoradionecrosis (mandible)	X		Strong agreement
Soft tissue radionecrosis (cystitis, proctitis)	X		Strong agreement
Decompression illness		X	Strong agreement
Gas embolism		X	Strong agreement
Anaerobic or mixed bacterial infections		X	Strong agreement
Sudden deafness	X		Strong agreement
Type 2			
Diabetic foot lesions	X		Strong agreement
Femoral head necrosis	X		Strong agreement
Compromised skin grafts and musculo-cutaneous flaps		X	Strong agreement
Central retinal artery occlusion (CRAO)		X	Strong agreement
Crush Injury without fracture		X	Agreement
Osteoradionecrosis (bones other than mandible)		X	Agreement
Radio-induced lesions of soft tissues (other than cystitis and proctitis)		X	Agreement
Surgery and implant in irradiated tissue (preventive treatment)		X	Agreement
Ischaemic ulcers		X	Agreement
Refractory chronic osteomyelitis		X	Agreement
Burns, 2nd degree more than 20% BSA		X	Agreement
Pneumatosis cystoides intestinalis		X	Agreement
Neuroblastoma, stage IV		X	Agreement
Type 3			
Brain injury (acute and chronic TBI, chronic stroke, post anoxic encephalopathy) in highly selected patients		X	Agreement
Radio-induced lesions of larynx		X	Agreement
Radio-induced lesions of the CNS		X	Agreement
Post-vascular procedure reperfusion syndrome		X	Agreement
Limb replantation		X	Agreement
Selected non-healing wounds secondary to systemic processes		X	Agreement
Sickle cell disease		X	Agreement
Interstitial cystitis		X	Agreement

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European Committee for Hyperbaric Medicine; Retraction