

Correction

Citation: : Correction. *Dermatol Pract Concept*. 2026;16(1):7316. DOI: <https://doi.org/10.5826/dpc.1601a7316>

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Combining Reflectance Confocal Microscopy, Optical Coherence Tomography, and Ex-Vivo Fluorescence Confocal Microscopy for Margin Assessment in Basal Cell Carcinoma Excision

In the article “Combining Reflectance Confocal Microscopy, Optical Coherence Tomography, and Ex-Vivo Fluorescence Confocal Microscopy for Margin Assessment in Basal Cell Carcinoma Excision” by Michelini et al. [1], published on April 30, 2024, the callout for Figure 3 was incorrect. The figure has now been correctly inserted in the article. This error has been corrected in the online version on January 30, 2026. The editors regret the error.

Reference

1. Michelini S, Mandel VD, Ardigò M, et al. Combining Reflectance Confocal Microscopy, Optical Coherence Tomography and Ex-Vivo Fluorescence Confocal Microscopy for Margin Assessment in Basal Cell Carcinoma Excision. *Dermatol Pract Concept*. 2024;14(2):e2024090. Published 2024 Apr 1. DOI:10.5826/dpc.1402a90. PMID: 38810079.

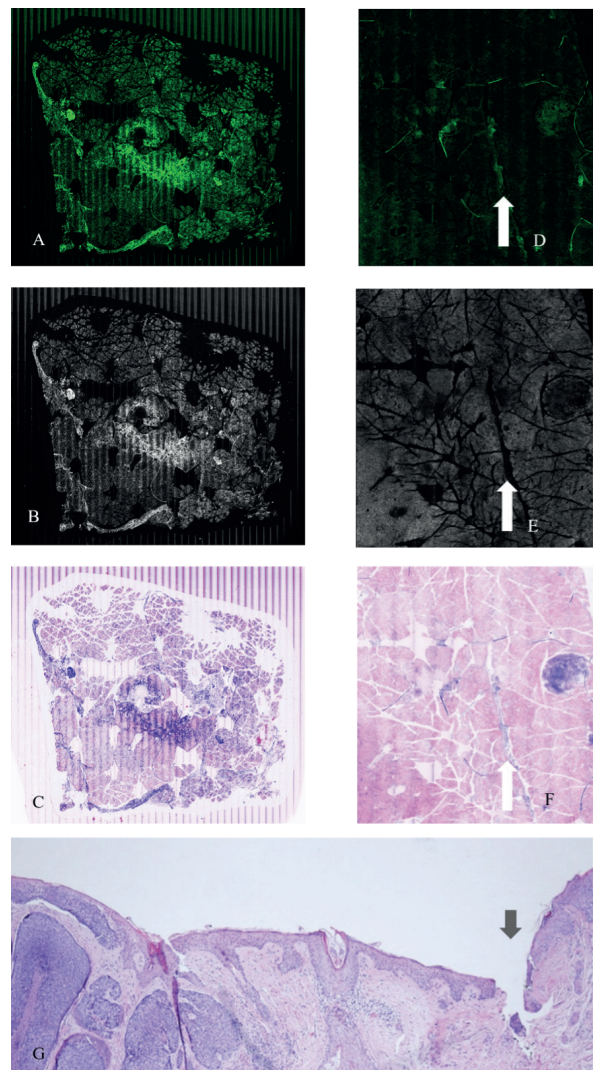


Figure 3. Intraoperative FCM for BCC margin assessment. (A-C) Ex vivo FCM of excised preauricular BCC in fluorescence (A), reflectance (B), and combined (C) modes for real-time margin analysis. Deep margin FCM assessment confirmed absence of residual BCC. (D-F) En face view of the surgical incision plane (white arrows). (G) Corresponding H-E histology validates the tumor margin (black arrow) adjacent to a basaloid island, demonstrating concordance between real-time FCM and definitive histopathology.