



Corrigendum

Corrigendum to : Timing of Surgical Intervention and its Impact on Short-term Outcomes in Pediatric Hydrocephalus

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This is with reference to the article titled **"Timing of Surgical Intervention and its Impact on Short-term Outcomes in Pediatric Hydrocephalus"** published in the *National Journal of Health Sciences*, 2025;10(4):292–298. DOI: 10.21089/njhs.104.0292

During a post-publication review, the Editor-in-Chief and Advisory Board of the National Journal of Health Sciences identified statistical errors in the published article. All authors were informed of these errors by the Editorial Office. These corrections are being brought to the attention of the clinical and scientific community to ensure the accuracy and integrity of the published record. Hence, the following corrections may kindly be noted:

CORRECTIONS

1. Analyzed sample size (Abstract, Materials and Methods)

In the structured Abstract, under Materials and Methods, the minimum sample size calculated a priori (83) was reported in error as the number of children analyzed. During the study period, 87 consecutively eligible children met the study criteria and, under the stated non-probability consecutive sampling method, all were included in the final analysis. The Results section, Table 1, Figures 1 and 2, and the Results and Conclusion statements of the Abstract consistently report the final analyzed cohort as 87 children, comprising 47 in the early-intervention group and 40 in the delayed-intervention group.

As published: "data of 83 children ... were analyzed"

should read:

"data of 87 children ... were analyzed"

No corresponding change is required in the body Materials and Methods section. The sentence in that section reporting that "A sample size of 83 was calculated..." refers to the minimum sample size calculated a priori, is correct as published, and remains unchanged.

2. Frequency of ventriculomegaly, early-intervention group (Results)

As published: "ventriculomegaly (2.8% vs. 15.0%)"

should read:

"ventriculomegaly (12.8% vs. 15.0%)"

Table 1 reports ventriculomegaly in 6 of 47 children (12.8%) in the early-intervention group. The delayed-group value (15.0%) is correct as published and is unchanged.

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3. Frequency of shunt infection, early-intervention group (Discussion)

As published: “shunt infection (6.5% vs. 12.5%, $p = 0.325$)”

should read:

“shunt infection (6.4% vs. 12.5%, $p = 0.325$)”

The Results section and Figure 2 report shunt infection in 3 of 47 children (6.4%) in the early-intervention group. The delayed-group value (12.5%) and the p-value are correct as published and are unchanged.

4. Description of study design (Limitations)

As published: “The study design was observational, and though prospective in nature, causality between timing and outcomes cannot be definitively established.”

should read:

“The study design was observational, and though retrospective in nature, causality between timing and outcomes cannot be definitively established.”

The study is correctly described as retrospective elsewhere in the article, including in the Abstract, the body Materials and Methods section, and the Ethical Declarations.

5. Readmission statistical correction (Abstract Result, Abstract Conclusion, Discussion, Conclusion)

The readmission comparison (2/47 vs. 7/40) has an expected cell count of less than 5. Therefore, Fisher’s exact test is the appropriate test. The two-sided Fisher’s exact p-value is 0.074, not 0.043. The difference is not statistically significant at $p < 0.05$.

Abstract, Result

As published: “Readmission was significantly lower in early group (4.3% vs. 17.5%, $p = 0.043$).”

should read:

“Readmission was lower in the early group (4.3% vs. 17.5%; Fisher’s exact $p = 0.074$), but the difference did not reach statistical significance.”

Abstract, Conclusion

As published: “Early surgical intervention in pediatric hydrocephalus was significantly associated with shorter hospitalization and relatively lower early readmission rates, and potentially associated with fewer complications and mortality.”

should read:

“Early surgical intervention in pediatric hydrocephalus was significantly associated with shorter hospitalization. Readmission was lower in the early group, but this difference did not reach statistical significance. Early intervention was potentially associated with fewer complications and mortality.”

Discussion

As published: “Readmission within 30 days was significantly higher in the delayed intervention group (17.5%) compared to the early surgery group (4.3%), $p = 0.043$.”

should read:

“Readmission within 30 days was higher in the delayed intervention group (17.5%) compared with the early surgery group (4.3%; Fisher’s exact $p = 0.074$), but this difference did not reach statistical significance.”

Also, the later Discussion statement:

As published: “Readmission rates within 30 days were significantly higher in the delayed surgery group, indicating a possible association with unresolved or recurrent symptoms following late intervention.”

should read:

“Readmission rates within 30 days were higher in the delayed surgery group, although not statistically significant (Fisher’s exact $p = 0.074$), indicating a possible association with unresolved or recurrent symptoms following late intervention.”

Conclusion

As published: “This study demonstrated that early surgical intervention in pediatric hydrocephalus is significantly associated with shorter hospitalization and relatively lower early readmission rates, and potentially associated with fewer complications and mortality.”

should read:

“This study demonstrated that early surgical intervention in pediatric hydrocephalus is significantly associated with shorter hospitalization. Early readmission was lower in the early intervention group, but this difference did not reach statistical significance. Early intervention was potentially associated with fewer complications and mortality.”

Other small-cell comparisons—shunt malfunction, shunt infection, and day-30 mortality remain non-significant under Fisher’s exact test.

6. Frequency of vomiting, early-intervention group (Table 1)

As published: “19 (40.0%)”

should read:

“19 (40.4%)”

This is because $19/47 = 40.4\%$.

Effect of the Corrections

All statistical analyses were performed on the final cohort of 87 children (47 early intervention, 40 delayed intervention). Corrections 1–4 and 6 do not alter the data, statistical analyses, tables, figures, or conclusions of the published article. Correction 5 affects the interpretation of readmission: the difference is no longer statistically significant. The Conclusion has been revised accordingly.

The authors regret these inconsistencies and any confusion they may have caused readers, and are grateful for the opportunity to correct the published record.