sponse to steroid therapy [4]. However, relapse of the disease is common during the tapering period or after stopping steroid treatment [7]. CT, positron emission tomography/CT or MRI can be used to assess systemic involvement in patients with IgG4-related sclerosing disease [8].

In conclusion, we describe the first imaging report of IgG4-related sclerosing disease involving the paratesticu-

lar region and upper retroperitoneum, manifesting as paratesticular fibrous pseudotumor and retroperitoneal fibrosis, respectively. It is important to recognize that a paratesticular fibrous pseudotumor might be a systemic manifestation of IgG4-related sclerosing disease. Characteristic imaging findings, especially with MRI, combined with clinical and laboratory findings are essential for the accurate diagnosis of this rare entity.

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## **Erratum**

In the article by Ha YS, Chihara Y, Yoon HY, Kim YJ, Kim TH, Woo SH, Yun SJ, Kim IY, Hirao Y, Kim WJ, entitled 'Downregulation of fumarate hydratase is related to tumorigenesis in sporadic renal cell cancer' [Urol Int 2013;90:233–239, DOI: 10.1159/000345608], affiliation c is wrongly spelled. It should read Kyungpook National University instead of Kyungbuk National University.