

Despite a strong association between *C. albicans* and ECC, these results should be interpreted with caution, as the quality of the available evidence is likely to be low due to the high risk of biases derived from the cross-sectional studies. A statistical association does not mean that one variable inevitably causes the other. Nevertheless, this summary paper provides insightful information regarding the potential role of *C. albicans* in ECC development, and enhances interest among paediatric dentists and general practitioners. In summary, there is limited evidence that the presence of oral *C. albicans* is significantly associated with ECC. Prospective cohort studies are needed to clarify whether *C. albicans* is a causative factor of dental caries in young children or in other age groups of populations. The complex fungal-bacterial ecology and host response mechanisms during the caries process should be further studied.

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Corrigendum

In the commentary:

Dobson M, Pillon L, Kwon O, Innes N. Chlorhexidine gel to prevent alveolar osteitis following mandibular third molar extractions. *Evid Based Dent*. 2018 Mar 23; **19(1)**: 16-17. doi: 10.1038/sj.ebd.6401288. PubMed PMID: 29568027.

The question detailed in the abstract was printed incorrectly as:

Question: In unrestored primary and permanent teeth with dentinal caries, what are the effects of stepwise, partial or no dentinal caries removal compared with complete caries removal?

The question should have been printed as:

Question: Does chlorhexidine (CHX) gel placed in the extraction socket postoperatively reduce the incidence of alveolar osteitis (AO) after a mandibular third molar extraction?'