


ERRATUM



Erratum to: Continuous renal replacement therapy versus intermittent hemodialysis in intensive care patients: impact on mortality and renal recovery

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This article was first published without inclusion of the OUTCOMEREA Study Group in the authorship and without the electronic supplementary material file that lists the members of this group. These omissions have now been rectified.

The wording of the take-home message was erroneous; the correct text is provided here.

Take-home message: Optimal renal replacement therapy (RRT) technique in the ICU remains controversial, in patients with shock or fluid overload. Cohort studies suggested increased risk of persistent acute kidney injury or dialysis dependency with intermittent hemodialysis. In a MSM Cox model in a cohort of 1360 patients adjusted on daily patients' characteristics, we found that RRT modality did not influenced neither 30-day mortality nor renal outcome. In subgroups continuous RRT benefits patients with positive fluid balance and is deleterious in patients without hemodynamic instability.

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