

Erratum to: TG13 antimicrobial therapy for acute cholangitis and cholecystitis

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There are a few typographical mistakes in the original article. Below are the corrections.

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1. Table 3, Community-acquired biliary infections, Grade II and III, notes for metronidazole should be “d” instead of “c.” Table 3, Grade II and III column, metronidazole^c should be corrected as metronidazole^d
2. Page 68, in the right upper paragraph, piperacillin/sulbactam should be corrected as piperacillin/tazobactam as in Table 7.

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Table 3 Antimicrobial recommendations for acute biliary infections

Severity	Community-acquired biliary infections		Healthcare-associated biliary infections ^e	
	Grade I	Grade II	Grade III ^e	
Antimicrobial agents	Cholangitis	Cholecystitis	Cholangitis and cholecystitis	Healthcare-associated cholangitis and cholecystitis
Penicillin-based therapy	Ampicillin/sulbactam ^b is not recommended without an aminoglycoside	Ampicillin/sulbactam ^b is not recommended without an aminoglycoside	Piperacillin/tazobactam	Piperacillin/tazobactam
Cephalosporin-based therapy	Cefazolin ^a , or Cefotiam ^a , or Cefuroxime ^a , or Ceftriaxone, or Cefotaxime ± Metronidazole ^d	Cefazolin ^a , or Cefotiam ^a , or Cefuroxime ^a , or Ceftriaxone, or Cefotaxime ± Metronidazole ^d	Ceftriaxone, or Cefotaxime, or Cefepime, or Cefozopran, or Cefazidime ± Metronidazole ^d	Cefepime, or Cefazidime, or Cefozopran ± Metronidazole ^d
Carbapenem-based therapy	Cefmetazole ^a , cefoxitin ^a , flomoxef ^g , cefoperazone/sulbactam	Cefmetazole ^a , cefoxitin ^a , flomoxef ^g , cefoperazone/sulbactam	Cefoperazone/sulbactam	
Monobactam-based therapy	Ertapenem	Ertapenem	Ertapenem	Imipenem/cilastatin, meropenem, doripenem, ertapenem
Fluoroquinolone-based therapy ^c	Ciprofloxacin, levofloxacin, pazufloxacin ± metronidazole ^d	Ciprofloxacin, levofloxacin, pazufloxacin ± metronidazole ^d	Ciprofloxacin, levofloxacin, pazufloxacin ± metronidazole ^d	Aztreonam ± Metronidazole ^d
	Moxifloxacin	Moxifloxacin	Moxifloxacin	–

^a Local antimicrobial susceptibility patterns (antibiogram) should be considered for use

^b Ampicillin/sulbactam has little activity left against *Escherichia coli*. It is removed from the North American guidelines [6]

^c Fluoroquinolones use is recommended if the susceptibility of cultured isolates is known or for patients with β-lactam allergies. Many extended-spectrum β-lactamase (ESBL)-producing gram negative isolates are fluoroquinolone resistant

^d Anti-anaerobic therapy, including use of metronidazole, tinidazole, or clindamycin, is warranted if a biliary-enteric anastomosis is present. The carbapenems, piperacillin/tazobactam, ampicillin/sulbactam, cefmetazole, cefoxitin, flomoxef, and cefoperazone/sulbactam have sufficient anti-anaerobic activity for this situation

^e Vancomycin is recommended to cover *Enterococcus* spp. for grade III community-acquired acute cholangitis and cholecystitis, and healthcare-associated acute biliary infections. Linezolid or daptomycin is recommended if vancomycin-resistant *Enterococcus* (*VRE*) is known to be colonizing the patient, if previous treatment included vancomycin, and/or if the organism is common in the community