CORRECTION

Correction to: External confirmation and exploration of the Kigali modification for diagnosing moderate or severe ARDS

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In Table 1 of this article, the numerical data were correct but the graphic part was imprecise. The corrected Table 1 is provided here.

Table 1 Diagnostic accuracy of the Kigali modification using the Berlin definition as the reference standard

Analyses ^a	TP	FP	FN	TN	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Kigali vs. Berlin	22	18	1	111	0.96 (0.78–1.00)	0.86 (0.78–0.91)		
Kigali vs. Berlin in patients with lung CT	20	9	0	44	1.00 (0.83–1.00)	0.82 (0.69–0.92)		
Kigali using PaO ₂ /FiO ₂	22	14	1	115	0.96 (0.78–1.00)	0.89 (0.83–0.94)		
Kigali using stricter LUS criteria	22	8	1	121	0.96 (0.78–1.00)	0.93 (0.88–0.97)		

TP true positive, FP false positive, FN false negative, TN true negative, CI confidence interval, CT computed tomography, PaO₂ oxygen arterial tension, FiO₂ fraction of inspired oxygen

^a Four analyses were performed: (1) the original Kigali modification vs. the full Berlin definition (152 patients); (2) the original Kigali modification vs. the Berlin definition using lung computed tomography for confirmation of ARDS (73 patients); (3) an adjusted Kigali modification using PaO₂/FiO₂ instead of SpO₂/FiO₂ vs. the full Berlin definition (152 patients); and (4) an adjusted Kigali modification using stricter LUS criteria vs. the full Berlin definition (152 patients). Patients were classified as having moderate or severe ARDS according to the Kigali modification if they were within 1 week of a known clinical insult (as with the Berlin definition), had a SpO₂/FiO₂ < 250, had on LUS at least two regions with a B (B1 or B2)—or a C pattern on both sides of the chest not explained by effusions, and respiratory failure was not fully explained by cardiac failure or fluid overload. For the fourth analysis using stricter LUS criteria, LUS was “positive” if at least two regions per hemithorax were scored as a B2 or C pattern, or at least three fields as a B1 (i.e., increasing the severity (B2 or C instead of B1, B2 or C) and/or the number of regions (3 instead of 2) affected). For more details, see text and the Electronic Supplementary Material

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