Erratum to: Splenomegaly, hypersplenism and peripheral blood cytopaenias in patients with classical Anderson–Fabry disease

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Published online: 18 September 2011
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Erratum to: Virchows Arch (2008) 453:291–300
DOI 10.1007/s00428-008-0651-4

The original version of this article unfortunately contained a mistake. The reference citations in Table 5 are incorrect.

The following is the updated version of Table 5.

The online version of the original article can be found at <http://dx.doi.org/10.1007/s00428-008-0651-4>.

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Table 5 Summary of previous case reports of patients with Anderson-Fabry disease and symptomatic reticuloendothelial organ involvement or thrombocytopaenia

Ref. #	Organ enlargement				Thrombocytopaenia ^a	Additional notes
	Age	L	LN	S		
[6]	22		X		$45.0 \times 10^9/l$	Platelet count normalised following splenic X-ray irradiation.
[6]	18		X		$72.0 \times 10^9/l$	Platelet count normalised following splenic X-ray irradiation.
[7]	32	X		X	$29.8 \times 10^9/l$	
[8]	30			X		Splenomegaly later confirmed at laparotomy for appendicitis and at autopsy [3].
[9]	28		X			LNBx showing lipid deposits in macrophages.
[9]	25		X			
[4, 32]	23		X	X		Surgical mesenteric LNBx and SBx showing vacuolated cells.
[10]	18		X			LNBx showing typical lamellated Gb3 deposits in EM examination.
[11, 33]	10	X	X	X		LNBx showing histiocytes with foamy cytoplasmic appearance.

Ref. # reference number. Age in years. LN lymph node; L liver; S spleen

^a Platelet count, in patients with thrombocytopaenia. “X” manifestation present. Bx biopsy. EM electron microscopy