Erratum to: The usefulness of albumin-adjusted ischemia-modified albumin index as early detecting marker for ischemic stroke

Jung Hwan Ahn · Sang Cheon Choi ·
Wee Gyo Lee · Yoon Seok Jung

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In the original published article, some sensitivity, specificity, PPV and NPV figures are incorrect.

The correct figures (in bold face) are given here:

“Abstract” section

In the ROC analysis of IMA index to diagnose stroke, area under the curve (AUC) was 0.990 (cutoff value 91.4; 95% CI 0.970–1.000; **sensitivity 96.4%; specificity 95.8%**). The AUC for IMA value was 0.928 (cutoff value 98 U/ml; 95% CI 0.857–0.999; **sensitivity 89.3%; specificity 87.5%**).

“Results” section

In the ROC analysis of IMA index, AUC was 0.990 (95% CI 0.970–1.000). When ischemic stroke was diagnosed with a cutoff value of 91.4, the sensitivity, specificity, and NPV and PPV were **96.4, 95.8, 95.8 and 96.4%**,

respectively (Fig. 2). In the ROC analysis of conventional IMA value, the area under the curve (AUC) was 0.928 (95% CI 0.857–0.999). A cutoff value of 98 U/ml appeared to be optimal, yielding a **sensitivity of 89.3%, specificity 87.5%, PPV 89.3% and NPV 87.5%** (Fig. 2). Using the cutoff value of 85 U/ml recommended by manufacturer, the sensitivity of IMA for the diagnosis of stroke decreased to **96.4%, with a specificity of 45.8%, PPV 67.5% and NPV 91.7%**. Using the recommended previous pilot study cutoff of 80 U/ml, the specificity of IMA for the diagnosis of stroke decreased to 25%, with a **sensitivity of 100%, PPV 60.9% and NPV 100%**.

Figure legend

Fig. 2 Receiver operating characteristic curves for IMA index (**bold line**) and conventional IMA value (**dotted line**) for diagnosis of stroke, with areas under the curves of 0.990 (95% CI 0.970–1.000; best cutoff value 91.4; **sensitivity 96.4%; specificity 95.8%**) and 0.928 (95% CI 0.857–0.999; best cutoff value 98 U/ml; **sensitivity 89.3%; specificity 87.5%**)

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J. H. Ahn · S. C. Choi · Y. S. Jung (✉)
Emergency Department, Ajou University School of Medicine,
Woncheon-dong, Yeongtong-gu, Suwon 443-721,
Republic of Korea
e-mail: erdrajh@naver.com

W. G. Lee
Department of Clinicopathology, Ajou University
School of Medicine, Woncheon-dong, Yeongtong-gu,
Suwon 443-721, Republic of Korea