

HbA1 values were measured by a microcolumn technique [6], plasma creatinine by an autoanalyser method and blood glucose using a glucose-oxidase method.

There was a significant positive correlation between HbA1 and plasma creatinine values (Fig. 1). In 14 patients 100 g OGTT was performed. Confirming the results of De Boer there was no correlation between HbA1 and fasting blood glucose values, or maximal or 2 hours glucose values after OGTT (Fig. 2 a and 2 b). In another group of 14 patients an intravenous GTT was performed with 0.33 g glucose/kg bodyweight. No correlation between HbA1 and the k-values could be found.

Thus we can confirm the results of De Boer suggesting that renal failure itself causes an elevation of HbA1 values and that HbA1 is no parameter of carbohydrate intolerance in chronic renal failure.

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## References

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## Erratum

*Diabetologia*, Volume 18, No. 6 (June)/1980, Pages 493–500: Paper Østerby/Gundersen “Fast Accumulation of Basement Membrane Material and the Rate of Morphological Changes in Acute Experimental Diabetic Glomerular Hypertrophy”.

The second formula in the right-hand column on page 494 should read:

$$L_v (\text{capillaries/glomerus}) = \frac{2 \cdot \Sigma Q (\text{lumina})}{k^2 \cdot \Sigma P (\text{polygon})} \text{mm/mm}^3.$$

The figure 2 in the numerator was omitted in the original publication of this paper.