


CORRECTION



Correction to: Expert statement on the ICU management of patients with thrombotic thrombocytopenic purpura

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The original version of this article unfortunately contained a mistake. The penultimate row of Table 4 shows $\text{INR} > 1.5$ which is incorrect. The correct figure is $\text{INR} < 1.5$. The authors apologize for the mistake. The correct table is given below.

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Table 4 Clinical criteria and scoring systems for diagnosing ADAMTS13 deficiency

Clinical predictors of ADAMTS13 deficiency. Coppo et al. 2010 ^a		
Creatinine < 200 µmol/L		Three criteria predict severe ADAMTS13 deficiency with 98% (94–100%) specificity, 47% (41–53%) sensitivity, 99% (96–100%) positive predictive value and 39% (36–42%) negative predictive value
Platelet count < 30 × 10 ⁹ /L		
Positive antinuclear antibodies		
Point-based ADAMTS13 deficiency prediction score. Bentley et al. 2010 ^{b,c}		
	Points	Probability of severe ADAMTS13 deficiency
Creatinine > 2.0 mg/dL	– 11.5	
Platelets > 35 × 10 ⁹ /L	– 30	> 30 points, 100%
D-dimer > 4.0 µg/mL	– 10	20–30 points, 40%
Reticulocytes > 3%	+ 21	< 20 points, 0% probability
Indirect bilirubin > 1.5 µg/mL	+ 20.5	
PLASMIC score. Bendapudi et al. 2016 ^d		
	Points	
Platelet count < 30 × 10 ⁹ /L	1	Risk of severe ADAMTS13 deficiency
Combined hemolysis variables ^e	1	≤ 4, low
No active malignancy	1	5, intermediate
No history of transplantation	1	6 or 7, risk > 80%
MCV < 9 × 10 ⁻¹⁴ L	1	Median score in patients with confirmed TTP was 7 (IQR, 6–7)
INR < 1.5	1	
Creatinine < 2.0 mg/dL	1	

MCV mean corpuscular volume, INR international normalized ratio, IQR interquartile range

^a #38

^b #40

^c #39

^d #41

^e Reticulocytes > 2–5% or undetectable haptoglobin or indirect bilirubin > 2.0 mg/dL

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