Correction to: Aortic dilatation in children with mild to moderate chronic kidney disease

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The original version of this article unfortunately contained a mistake. The data presented in Table 5 contained duplicated rows. The corrected version of Table 5 is presented below.

Table 5 Univariate and multivariate results from repeated measures logistic regression to estimate associations of biomarkers with the presence of aortic dilatation

	Univariate OR (95%CI)	Multivariate ^a OR (95%CI)
Per 1 SD increase in systolic blood pressure (z-score)	1.16 (0.85, 1.57)	1.08 (0.79, 1.46)
Per 1 SD increase in diastolic blood pressure (z-score)	2.08 (1.39, 3.10)	1.98 (1.34, 2.92)
Per 1 SD decrease in weight (z-score)	1.51 (1.21, 1.87)	1.48 (1.21, 1.82)
Per 1 SD decrease in height (z-score)	1.28 (0.95, 1.72)	1.24 (0.91, 1.69)
Per 1 SD decrease in body mass index (z-score)	1.65 (1.30, 2.09)	1.69 (1.31, 2.17)
Per 1 SD decrease in estimated glomerular filtration rate (log scale)	1.35 (1.003, 1.83)	1.31 (0.93, 1.86)
Low hemoglobin vs. normal hemoglobin	1.74 (0.92, 3.29)	1.77 (0.90, 3.45)
≥ 2 positive counts of standard PEW ^b vs. < 2 positive counts of standard PEW	1.99 (0.80, 4.96)	1.88 (0.77, 4.56)
≥ 3 positive counts of modified PEW ^c vs. < 3 positive counts of modified PEW	2.57 (1.29, 5.11)	2.41 (1.23, 4.70)

SD, standard deviation; PEW, protein energy wasting

^a Adjusting for age, years with CKD, antihypertensive therapy, growth hormone therapy, and low hemoglobin

^b Standard PEW definition based on four domains: abnormal biochemistry, reduced body mass, reduced muscle mass, and decreased appetite

^c Modified PEW definition based on five domains: abnormal biochemistry, reduced body mass, reduced muscle mass, decreased appetite, and poor growth

Entries in italics indicate a statistically significant association with increased odds of aortic dilatation

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