Correction to: Aortic adventitial thickness as a marker of aortic atherosclerosis, vascular stiffness, and vessel remodeling in systemic lupus erythematosus

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In the section of Results of the original published version of the above article the bold text emphasis under the following section should have been deleted.

Clinical and laboratory characteristics of SLE patients and controls

Patients and controls were similar in age, sex, ethnicity, body mass index, and traditionally defined atherogenic risk factors of arterial hypertension, hyperlipidemia, diabetes mellitus, or smoking (all $p \geq 0.28$) (Table 1). However, SLE patients as compared to controls had higher blood pressures **and serum levels of glucose** and D-dimer and lower values of hemoglobin, platelets, and albumin (all $p \leq 0.05$). Patients had a mean age of 29 years at diagnosis of SLE and a mean disease duration of 8 years (Supplemental Table 1). About 71% of patients had active SLE disease, 91% had elevated inflammatory markers, and

57% had positive antiphospholipid antibodies. With regard to therapy, 39% were on corticosteroids, 49% on antimetabolite immunosuppressive, 68% on hydroxychloroquine or chloroquine, and 41% on antithrombotic therapy.

Arterial disease in SLE patients as compared to controls

Values of AT, IMT, and PSEM were higher in SLE patients than in controls (all $p \leq 0.004$) even after adjusting for differences between patients and controls for blood pressures, **fasting glucose level**, hemoglobin level, platelet count, albumin level, and quantitative D-dimer level (all $p \leq 0.01$) (Table 2). Also, abnormal aortic AT, atherosclerosis, abnormal stiffness, and overall arterial disease were more frequent in SLE patients than in controls (all $p \leq 0.02$).

The remainder of the article remains unchanged.

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