CORRECTION



Correction to: Short-Term Symptomatic Relief in Gastroesophageal Reflux Disease: A Comparative Study of Esomeprazole and Vonoprazan

Kouichi Sakurai¹ · Hiroko Suda¹ · Satomi Fujie¹ · Takayuki Takeichi¹ · Ayako Okuda¹ · Tetsuya Murao¹ · Kiwamu Hasuda¹ · Masahiro Hirano² · Kiyoharu Ito³ · Katsuie Tsuruta⁴ · Masahiro Hattori¹

Published online: 28 February 2019 © The Author(s) 2019

Correction to:

Digestive Diseases and Sciences (2019) 64:815-822 https://doi.org/10.1007/s10620-018-5365-0

The original version of the article unfortunately contained percentage errors in second and third paragraphs of GerdQ Score section. Below is the corrected version.

We performed a stratified analysis of patients with NERD and erosive esophagitis. The proportions of patients with sufficient relief in NERD were 38.5, 84.6, and 84.6% of 13 patients in the esomeprazole group and 22.2, 66.7, and 77.8% of 9 patients in the vonoprazan group at 1, 2, and 4 weeks, respectively. The proportions of patients with complete resolution in NERD were 23.1, 53.8, and 69.2% in the esomeprazole group and 22.2, 22.2, and 33.3% in the vonoprazan group at 1, 2, and 4 weeks, respectively. There were no significant differences in the rates of sufficient relief and complete resolution in NERD at 1, 2, or 4 weeks between the esomeprazole group and the vonoprazan group.

The proportions of patients with sufficient relief in erosive esophagitis were 66.7, 91.7, and 91.7% of 12 patients in the esomeprazole group and 69.2,76.9, and 84.6% of 13 patients in the vonoprazan group at 1, 2, and 4 weeks, respectively. The proportions of patients with complete resolution in erosive esophagitis were 33.3, 41.7, and 58.3% in the esomeprazole group and 46.2, 46.2, and 61.5% in the vonoprazan group at 1, 2, and 4 weeks, respectively. There were no significant differences in the rates of sufficient relief and complete resolution at 1, 2, or 4 weeks between the esomeprazole group and the vonoprazan group in erosive esophagitis.

The original article can be found online at https://doi.org/10.1007/s10620-018-5365-0.

Kouichi Sakurai sakuraiko@jcom.zaq.ne.jp

Hiroko Suda sudahiro0825@gmail.com

Satomi Fujie sa-fu@hattori-clinic.com

Takayuki Takeichi ta-ta@hattori-clinic.com

Ayako Okuda a-oku@hattori-clinic.com

Tetsuya Murao te-mura@hattori-clinic.com

Kiwamu Hasuda ki-hasu@hattori-clinic.com

Masahiro Hirano gihirano@gaea.ocn.ne.jp Kiyoharu Ito itoh@ozakiiin.or.jp

Katsuie Tsuruta tsurukatsu@gmail.com

Masahiro Hattori m-hattori@hattori-clinic.com

- ¹ Hattori Clinic, 2-12-35 Shin-machi, Chuo-ku, Kumamoto City, Kumamoto 860-0004, Japan
- ² Hirano Gastroenterology Clinic, 2-3029-2, Oonuki-machi, Nobeoka City, Miyazaki 882-0803, Japan
- ³ Ozaki Clinic, 1-8 Hon-machi, Uto City, Kumamoto 869-0431, Japan
- ⁴ Tsuruta Hospital, 10-112 Hotakubohon-machi, Higashi-ku, Kumamoto City, Kumamoto 862-0925, Japan