

Etomidate infusion at low doses is an effective and safe treatment for severe Cushing's syndrome outside intensive care

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The authors of the aforementioned article published in this journal (vol 183 Iss 2 pages: 161–167) apologise for errors in reporting the dosage of etomidate in several places in their article.

The corrections are listed below:

In the Methods section of the Abstract, the correct line should read as follows and not as published:

Methods: We compared data from patients with severe CS treated with high starting doses of etomidate (median: 0.30 mg/kg BW/h) in ICU or with lower starting doses (median: 0.025 mg/kg BW/h) in non-ICU medical wards.

In the main article, Methods section, third paragraph, the following line should read as follows and not as published:

Another patient (patient # 14, Supplementary Table 1) was first treated in ICU with a high starting dose (0.30 mg/kg/h) for 1 day, then etomidate infusion was decreased to low doses (0.04 mg/kg/h) in order to maintain cortisol levels in the target range.

In the legend to Table 2, the explanation for the asterisk should read as follows and not as published:

*One patient in the high-dose group was first treated in ICU with a high starting dose (0.30 mg/kg/h) for 1 day, then the dose was reduced to 0.04 mg/kg/h in order to maintain cortisol levels in the target range.

The authors apologise for any inconvenience or confusion caused by these errors.