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**Correction to “Retrospective analysis of anti-inflammatory therapies during the first wave of COVID-19 at a community hospital”**

Iglesias JI *et al.* Correction to "Retrospective COVID-19 ICU study"

Jose I Iglesias, Andrew V Vassallo

**Jose I Iglesias,** Department of Critical Care, Community Medical Center, Toms River, NJ 08757, United States

**Andrew V Vassallo,** Department of Pharmacy, Community Medical Center, Toms River, NJ 08757, United States

**Author contributions:** Iglesias JI did the formal analysis; Vassallo AV did the original draft editing and project administration; all authors participate in the manuscript conceptualization, methodology and original draft writing.

**Corresponding author: Jose I Iglesias, DO, FASN,** Department of Critical Care, Community Medical Center, 99 W Rt 37, Toms River, NJ 08757, United States. jiglesias23@gmail.com

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**Abstract**

Correction to: “Iglesias JI *et al*. Retrospective analysis of anti-inflammatory therapies during the first wave of COVID-19 at a community hospital. *World J Crit Care Med*. 2021 Sep 9;10(5): 244-259. doi: 10.5492/wjccm.v10.i5.244. PMID: 34616660; PMCID: PMC8462025.” In this article,corrections were made to Tables.

**Key Words:** Corrections;COVID-19; Corticosteroids; Intensive care unit; Methylprednisolone; Tociluzimab; Anti-inflammatory

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**Core Tip:** This manuscript is an author’s correction for “Retrospective analysis of anti-inflammatory therapies during the first wave of COVID-19 at a community hospital.” *World J Crit Care Med* 2021 Sep 9; 10(5): 244-259. Doi: 10.5492/wjccm.v10.i5.244. PMID: 34616660; PMCID: PMC8462025.

**TO THE EDITOR**

Correction to: Iglesias JI, Vassallo AV, Sullivan JB, Elbaga Y, Patel VV, Patel N, Ayad L, Benson P, Pittiglio M, Gobran E, Clark A, Khan W, Damalas K, Mohan R, Singh SP. Retrospective analysis of anti-inflammatory therapies during the first wave of COVID-19 at a community hospital. *World J Crit Care Med* 2021 Sep 9; 10(5): 244-259. Doi: 10.5492/wjccm.v10.i5.244. PMID: 34616660; PMCID: PMC8462025[1].

In the original manuscript, there are some errors in the table data presented, which need to be modified. The corrected tables are shown as Table 1 (original Table 1) and Table 2 (original Table 4). These errors do not change the ultimate results and conclusion of the paper but have been provided for clarification and overall accuracy.

Patient characteristics are described in Table 1. Univariate predictors of decreased survival included the need for mechanical ventilation, acute kidney injury, Caucasian race, older age, lower total lymphocyte count, higher neutrophil/Lymphocyte ratio, and a greater degree of respiratory failure manifested by a lower PaO2/FIO2 ratio. As anticipated non-survivors demonstrated a higher degree of elevated inflammatory and pro-thrombotic markers, D-Dimer at 24 h. (Table 2, Original Table 4).

**REFERENCES**

1 **Iglesias JI**, Vassallo AV, Sullivan JB, Elbaga Y, Patel VV, Patel N, Ayad L, Benson P, Pittiglio M, Gobran E, Clark A, Khan W, Damalas K, Mohan R, Singh SP. Retrospective analysis of anti-inflammatory therapies during the first wave of COVID-19 at a community hospital. *World J Crit Care Med* 2021; **10**: 244-259 [PMID: 34616660 DOI: 10.5492/wjccm.v10.i5.244]

**Footnotes**

**Conflict-of-interest statement:** All authors report no relevant conflict of interest for this article.

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**Figure Legends**

**Table 1 Coronavirus disease 2019 patients admitted to intensive care unit characteristics of survivors and non-survivors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Non-survivor (*n* = 167)** | **Survivors (*n* = 94)** | ***P* value** | **OR** | **95%CI** |
| Age | 72 (63-82) | 65.5 (51-74) | < 0.001 |  |  |
| Race (Caucasian) | 125 (74.9) | 57 (60.6) | 0.016 | 1.9 | 1.12-3.3 |
| BMI | 29 (23.9, 34.7) | 28.6 (24, 33) | 0.49 |  |  |
| Sex (male) | 102 (61) | 56 (60) | 0.81 | 1.065 | 0.63-1.78 |
| Diabetes | 60 (35) | 24 (26) | 0.08 | 1.63 | 0.93-2.8 |
| CHF | 24 (15) | 10 (11) | 0.38 | 1.42 | 0.64-3.1 |
| CAD | 45 (27) | 20 (21) | 0.30 | 1.36 | 0.74-2.48 |
| COPD | 38 (23) | 23 (25) | 0.75 | 0.9 | 0.5-1.64 |
| CKD | 25 (15) | 13 (14) | 0.8 | 1.09 | 0.53-2.26 |
| HTN | 100 (60) | 45 (48) | 0.061 | 1.62 | 0.97-2.70 |
| AKI | 87 (52) | 30 (32) | 0.002 | 2.3 | 1.21-2.5 |
| Mechanical ventilation | 134 (80) | 44 (47) | < 0.001 | 4.6 | 2.64-8 |
| Hemodialysis | 29(18) | 10 (11) | 0.13 | 1.8 | 0.83-3.8 |
| Neutrophils × 109/L | 7.4 (5-11.79) | 7.8 4.4-12.9 | 0.92 |  |  |
| Lymphocytes | 0.7 (0.5, 1.2) | 0.9 (0.6, 1.6) | 0.011 |  |  |
| Neutrophil/lymphocyte | 10 (6, 18.5) | 7.54 4.3-14.2 | 0.017 |  |  |
| SCr (mg/dL) | 1.2 (0.8-1.8) | 1.1 (0.8, 0.8) | 0.49 |  |  |
| Plts (× 109/L) | 202 (166-268) | 232 (155-301) | 0.27 |  |  |
| Tbili (mg/dl) | 0.5 (0.4, 0.8) | 0.5 (0.4, 0.8) | 0.65 |  |  |
| SOFA admit | 4 (3-7) | 4 (2, 6) | 0.095 |  |  |
| PaO2/FIO2 | 190 (76, 285) | 232 (123, 307) | 0.039 |  |  |
| PaO2 | 69 (55-86) | 73 (59-96) | 0.083 |  |  |
| FIO2 | 0.44 (0.24-1) | 0.36 (0.21-0.97) | 0.12 |  |  |

OR: Odds ratio; CI: Confidence interval; CAD: Coronary artery disease; COPD: Chronic obstructive pulmonary disease; CKD: Chronic kidney disease; CHF: Congestive heart failure; AKI: Acute kidney injury; HD: Hemodialysis; tBili: Total bilirubin; Plts: Platelets INR: International normalized ratio; PaO2/FiO2: Partial pressure of oxygen/inspired concentration of oxygen ratio; SOFA: Sequential Organ Failure Assessment; BMI: Body mass index; SCr: Serum creatinine.

**Table 2 Inflammatory markers in coronavirus disease 2019 survivors and non-survivors**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Non-survivors (*n* = 167)** | **Survivors (*n* = 94)** | ***P* value** |
| IL-6 day 1 (pg/mL) | 116 (33, 410) | 72 (45, 210) | 0.75 |
| IL-6 day 2 | 470 (36, 1299) | 153 (10, 280) | 0.38 |
| D-Dimer day 1 (ng/mL) | 855 (522, 2434) | 595 (337, 1349) | 0.013 |
| D-Dimer day 2 | 691 (436, 1743) | 1040 (550, 3431) | 0.11 |
| CRP day 1 (mg/L) | 125 (61, 179) | 130 (89, 185) | 0.55 |
| CRP day 2 | 116 (82, 185) | 119 (47, 175) | 0.29 |
| Ferritin day 1 (ng/mL) | 869 (406, 1467) | 995 (488, 1571) | 0.35 |
| Ferritin day 2 | 822 (447, 1432) | 1053 (712, 2057) | 0.05 |

IL-6: Interleukin 6, CRP: C-reactive protein.



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