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ABOUT COVER

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AIMS AND SCOPE

The primary aim of the World Journal of Critical Care Medicine (WJCCM, World J Crit Care Med) is to provide scholars and readers from various fields of critical care medicine with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJCCM mainly publishes articles reporting research results and findings obtained in the field of critical care medicine and covering a wide range of topics including acute kidney failure, acute respiratory distress syndrome and mechanical ventilation, application of bronchofiberscopy in critically ill patients, cardiopulmonary cerebral resuscitation, coagulant dysfunction, continuous renal replacement therapy, fluid resuscitation and tissue perfusion, hemodynamic monitoring and circulatory support, ICU management and treatment control, sedation and analgesia, severe infection, etc.

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CORRECTION

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

Jose I Iglesias, Andrew V Vassallo

Specialty type: Critical care medicine

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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 antiinflammatory 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.

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TO THE EDITOR

Correction to: Iglesias JI, Vassallo AV, Sullivan JB, Elbaga Y, Patel VV, Patel N, Ayad



Table 1 Coronavirus disease 2019 patients admitted to intensive care unit characteristics of survivors and non-survivors							
	Non-survivor (<i>n</i> = 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 × $10^9/L$	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 (× 10 ⁹ /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.

> 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).

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Table 2 Inflammatory markers in coronavirus disease 2019 survivors and non-survivors						
	Non-survivors (<i>n</i> = 167)	Survivors (<i>n</i> = 94)	<i>P</i> 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.

FOOTNOTES

Author contributions: Iglesias II 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.

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