



Corrigendum

***De novo* chronic graft-versus-host disease presenting as hemolytic anemia following partially mismatched related donor bone marrow transplant**

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In the third paragraph of the Results section, the dose for pulse high-dose steroids was given incorrectly as 500-1000 mg/kg instead of 500-1000 mg/m², however the correct dose was given in Table 3. The corrected version of this paragraph follows.

All five patients had been maintained on GVHD prophylaxis with cyclosporine; however, four were taken off steroid therapy within 2 weeks prior to presentation. Treatment of HA was initiated with pulse high-dose steroids (500-1000 mg/m² × 2 doses) and daily intravenous gamma-globulin × 3-5 doses and continued as shown in Table 3. Response was observed in 4/5 patients within 1 week and complete recovery that allowed tapering of therapy within 4 weeks. However, one of these patients (DH) required retreatment for a transient recurrence of HA. In the remaining patient (HR), delay in diagnosis and treatment was associated with a slow reponse (3 weeks) and the need for continuous high-dose intensive immunosuppressive therapy using four drugs (pulse high-dose steroids, IVIG, cyclosporine and azathioprine). Three patients continued to manifest limited skin cGVHD symptoms once immunosuppressants were tapered and had to be maintained on cyclosporine alternating with low-dose steroids.¹⁹