Erratum

Case report

Haploidentical peripheral blood stem cell transplantation with a combination of CD34 selection and T cell depletion as graft-versus-host disease prophylaxis in a patient with severe combined immunodeficiency

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Since publication of the above paper, the author has observed an error in the final number of T cell (CD3⁺) infused to the patient in both the summary and the final results section. The correct amount of CD3⁺ cells infused were $0.01 \times 10^6/\text{kg}$ and not $0.1 \times 10^6/\text{kg}$ as published. Corrected versions of the summary and final results section follow.

Summary:

Severe combined immunodeficiencies are a group of rare genetic disorders characterized by a profound impairment in both cellular and humoral immune functions. This disorder is rapidly fatal without bone marrow transplantation. Unfortunately, most children lack a histocompatible donor. The development of T cell depletion allows for haploidentical transplantation with reduced risk of GVHD. In the present article, we discuss

the case of a child diagnosed with X-linked severe combined immunodeficiency for whom haploidentical peripheral blood stem cell transplantation was performed by selecting CD34-positive cells followed by depletion of T cells. Both selection and purging were performed using immunoselection by the biotin-avidin system (CEPRATE System). The CD34-enriched T cell-depleted product contained $5.05 \times 10^6/\text{kg}$ CD34⁺ cells with only $0.01 \times 10^6/\text{kg}$ CD3⁺ cells, achieving a T cell depletion of 4.2 log.

Final results

After the whole procedure (CD34 isolation plus CD2 depletion), the yield, purity and log T cell depletion were 70.5%, 91% and 4.2, respectively. The final PBSC graft contained $5.05 \times 10^6/\text{kg}$ CD34⁺ cells and $0.01 \times 10^6/\text{kg}$ CD3⁺ cells.