



## Erratum

### Case report

## Plasmodium vivax causing pancytopenia after allogeneic blood stem cell transplantation in CML

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Since publication of the above paper the author has noted that an incorrect change was made to his paper. In the 4th sentence of the 1st paragraph under the subheading **Case report** the abbreviation G-CSF was inadvertently changed to BSCT. The corrected paragraph follows.

### Case report

A 20-year-old male was seen at the Institute Rotary Cancer Hospital (IRCH) of the All India Institute of Medical Sciences (AIIMS) in June 1995 with intermittent fever and abdominal heaviness of 6 months duration. There was

splenomegaly of 10 cm. Hematological parameters were: Hb 10.8 g/dl, TLC  $69.2 \times 10^9/l$ , and platelets  $978 \times 10^9/l$ . Diagnosis of Philadelphia positive (Ph<sup>+</sup>) CML in chronic phase was confirmed. Fourteen months after diagnosis while still in chronic phase the patient underwent allogeneic BSCT. Stem cells were harvested from his fully HLA-matched sister using G-CSF. A dose of 8  $\mu\text{g}/\text{kg}$  daily for 4 days was used. For conditioning, busulphan 4 mg/kg for 4 days and cyclophosphamide 60 mg/kg for 2 days were used. Engraftment was confirmed on day +19 and the patient was discharged on day +32. At this time the spleen was still 2 cm palpable, and the patient had mild pancytopenia (see Table 1). He continued on cyclosporine. On day +70, he complained of weakness and palpitations.