



Corrigendum

Gastro-intestinal toxicity related to bone marrow transplantation: disruption of the intestinal barrier precedes clinical findings.

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Bone Marrow Transplantation 1997; **19**: 921–925

Since publication of the above paper, the author has identified errors in the following data.

Table 3 $^{51}\text{Cr-EDTA}$ resorption (% \pm s.d.) on different measurement days. *P* values for comparisons with baseline

Day	<i>n</i>	$^{51}\text{Cr-EDTA}$	<i>P</i>
Baseline	25	1.9 \pm 0.9	—
Cond +2	7	2.7 \pm 0.7	<0.05
1	6	2.9 \pm 1.3	<0.05
4	18	4.7 \pm 3.8	<0.0005
7	20	4.0 \pm 2.7	<0.005
10	16	3.1 \pm 3.0	NS
14	15	2.4 \pm 1.9	NS

Baseline = before the start of the conditioning treatment; Cond +2 = 2 days after the start of the conditioning treatment.

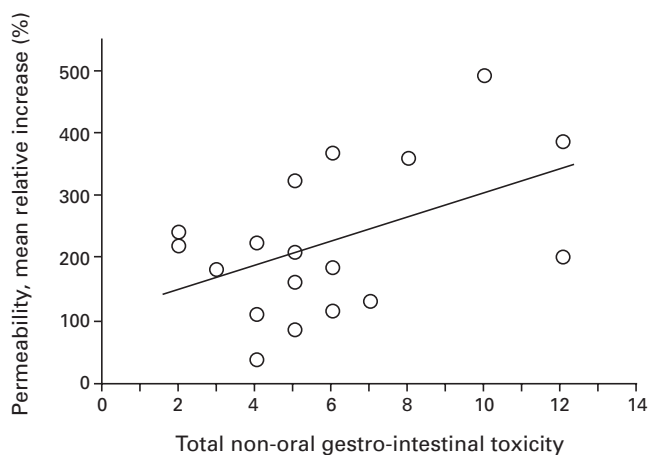


Figure 1 Correlation between the cumulative intestinal (non-oral) toxicity (the sum of the toxicity grades on day 4, 7, 10 and 14) in the 14 day post-transplant period and the mean relative increase in permeability for each patient. $r = 0.48$, $P < 0.05$, $n = 18$ (linear regression).

Table 4 Comparisons between observations of gastro-intestinal and oral toxicity requiring therapy (grades 3 and 4 according to the WHO) and not (grades 0, 1 and 2), with respect to permeability (% \pm s.d.) for all 25 patients

Toxicity	Gastro-intestinal			Oral		
	<i>Cr-EDTA</i>	<i>n</i> ^a	<i>P</i>	<i>Cr-EDTA</i>	<i>n</i>	<i>P</i>
Not requiring therapy	3.2 \pm 2.4	68 ^b	<0.05	3.3 \pm 2.6	67 ^b	NS
Requiring therapy	5.5 \pm 3.7	14		4.7 \pm 3.5	15	

^aNumber of observations.

^bAll baseline values are excluded.