

## Toxic Megacolon: Background, Pathophysiology, Management Challenges and Solutions [Corrigendum]

Desai J, Elnaggar M, Hanfy AA, Doshi R. *Clin Exp Gastroenterol*. 2020;13:203–210.

The authors wish to add the following reference to the end of the reference section on page 210.

60. UpToDate Inc. Toxic megacolon. Alphen aan den Rijn: Wolters Kluwer; last updated, 2020. Available from: <https://www.uptodate.com/contents/toxic-megacolon>. Accessed June 28, 2021.

The new reference should have been cited throughout the paper in the following places:

Page 205, left column, second paragraph, first sentence, the text should read “A complete colonoscopy is extremely risky in patients with TM because it can cause colonic perforation.<sup>60</sup>”

Page 205, right column, line 6, the text should read “TPN provides no proven clinical benefit in terms of avoiding surgical intervention in patients with colitis due to UC.<sup>35,60</sup>”

Page 205, Glucocorticoids section, third and fourth sentences, the text should read “Dexamethasone, by diminishing the expression of NO synthase, has been reported to decrease the colonic diameter.<sup>60</sup> Most providers consider methylprednisolone because of its lower potassium wasting and sodium retaining properties, while others prefer prednisolone as the oral and parenteral doses are the same.<sup>60</sup>”

Page 205, Infliximab or Cyclosporine section, first sentence, the text should read “Patients with IBD-related TM who are refractory to three days of intravenous glucocorticoid therapy should receive either Infliximab or Cyclosporine as the secondline therapy.<sup>60</sup>”

Page 205, Infliximab or Cyclosporine section, last sentence, the text should read “Since these three conditions may not be readily distinguishable during an acute flare-up such as TM, many authors suggest treating all IBD-related TM with the same approach.<sup>60</sup>”

Page 206, *C. difficile* colitis section, third paragraph, first and second sentences, the text should read “Surgery is indicated in patients with colonic perforation, necrosis, or full-thickness ischemia, intraabdominal hypertension or abdominal compartment syndrome, clinical signs of peritonitis, or worsening abdominal exam despite adequate medical therapy, and end-organ failure.<sup>60</sup> Besides, white blood cell count >50,000 cell/mL and serum lactate level of >5 mmol/L are relative indications for surgical intervention.<sup>60</sup>”

Page 207, Pregnant women section, second sentence, the text should read “Patients who are in remission at the conception are likely to remain in remission during pregnancy.<sup>60</sup>”

Page 208, Prognosis section, first paragraph, last sentence, the text should read “Colonic perforation is associated with a significantly worse prognosis, with the mortality rate increased by three- to fivefold.<sup>6,8,60</sup>”

Page 208, Prognosis section, fourth paragraph, first sentence, the text should read “The difference in mortality rates may also be due to the biases of medical or surgical providers.<sup>60</sup>”

Page 208, Prognosis section, fourth paragraph, third sentence, the text should read “Surgical studies reveal up to a 50 percent rate of future surgical intervention, including colectomy in patients with TM who initially responded well to medical treatment alone.<sup>55,58,60</sup>”

The authors acknowledge the missing reference as a source of information for their article and apologise for not including it in the original publication.

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