

ERRATUM

Erratum: Correlation between clinical and pathological findings of liver injury in 27 patients with lethal COVID-19 infections in Brazil

In the version of this manuscript published online and in print, information regarding the patient population should have contained more detailed data as follows. The 27 patients included in our analysis of liver pathology in fatal cases of COVID-19 were a subgroup of an adaptive clinical trial study (NCT04323527). In the first part of the study, 81 patients were enrolled to evaluate the potential benefit of two chloroquine diphosphate (CQ) doses (600 mg of the base twice daily for ten days and 450 mg of the base twice daily on day one and once daily for four days) on the overall survival of this cohort of patients.^[1] The rationale for the CQ regimens used in the parent clinical trial study was published previously,^[1] and these are CQ dosages already used with safety in other clinical disorders.^[1] After the high dose arm was halted, as per DSMB recommendation, patients were enrolled either in the low dose or in a placebo arm. At the time of our analysis, only 27 liver samples were available. Because the use of CQ was not initially disclosed in the manuscript, we would like to clarify that only 5 out of the 27 patients were assigned to the higher dose group, 21 patients were assigned to the low dose CQ arm, and one patient received placebo. The most concerning side effects related to CQ are cardiac disorders.^[2] CQ is not associated with transaminase elevations and is an extremely rare cause of clinically apparent acute liver injury.^[3–5] Therefore, we have no reason to believe that CQ affected the liver histology findings in the current manuscript, especially because our results do not differ from similar evidence published subsequently. We also would like to clarify that the number of the protocol approved by the Brazilian National Ethics Committee (CONEP) is 30152620.1.0000.0005 (also accessible at <https://clinicaltrials.gov/study/NCT04323527?term=NCT04323527&rank=1>). All the versions of the informed consents were obtained prior to the collection of liver tissue samples, and specific permission was obtained to perform all autopsies. We have no reason to believe that the additional information provided here alters the conclusions of our manuscript, but we apologize for any confusion caused by the missing information in the original version of the manuscript.

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