Both erosive and non-erosive groups of osteoarthritis patients and healthy controls were age-matched women who had a comparable body mass index. The presence or absence of knee or hip osteoarthritis as well as synovial oedema and intra-articular effusion did not differ between patients with erosive and non-erosive osteoarthritis. Although bone scintigraphy demonstrated joint inflammation almost twice as often in erosive as in non-erosive disease, CRP levels were comparable in both osteoarthritis groups. In addition, mean serum levels of adiponectin (28.70 μg/ml (SD 13.14) vs 21.25 μg/ml (SD 11.40) vs 21.20 μg/ml (SD 10.90), $p<0.05$) but not resistin (4.60 ng/ml (SD 1.86) vs 5.41 ng/ml (SD 2.69) vs 5.10 ng/ml (SD 2.50), $p = 0.50$) were significantly higher in erosive than in non-erosive disease or healthy controls (fig 1). Both adiponectin and resistin correlated neither with the levels of CRP nor were related to body mass index. Moreover, the presence or absence of small joint inflammation assessed by bone scintigraphy and the presence or absence of intra-articular effusions or synovial oedema of the knee performed by arthrosonography did not alter the levels of either adipocytokine.

In conclusion, we demonstrated increased serum levels of adiponectin in female patients with erosive compared with non-erosive osteoarthritis of the hands, suggesting that adiponectin may play a role in the pathophysiology of the erosive subtype of osteoarthritis.

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Funding: This study was partly supported by MH CR, research project no 00023728 and IGA MH CR, NR/8447-4.

Competing interests: None.

Accepted 22 June 2008

Ann Rheum Dis 2009;**68**:295–296. doi:10.1136/ard.2008.095737

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Correction

There were several errors in an article published in the November 2008 issue of the journal (Emery P, Keystone E, Tony HP, Cantagrel A, van Vollenhoven R, Sanchez A, *et al*. IL-6 receptor inhibition with tocilizumab improves treatment outcomes in patients with rheumatoid arthritis refractory to anti-tumour necrosis factor biologicals: results from a 24-week multicentre randomised placebo-controlled trial. *Ann Rheum Dis* 2008;67:1516–23). The final footnote in table 3 should read: ''Changes according to ATPIII guidelines reflect last observation recorded within the study.'' This footnote refers to the HDL and LDL within table 3, but not to cholesterol (that is baseline and week 24). Therefore the footnote should be attached to the last two categories, not the overall ''Summary of changes in lipid parameters''. Also, in table 3 ''Summary of changes in lipid parameters'' has been mistakenly indented, possibly leading readers to believe that it is part of the AE section.

In figs 3A and 3B the triple asterisks for less than $p<0.001$ vs placebo are placed on the placebo line instead of the TCZ 8mg/kg line.

Correction

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