

Erratum

There were two errors in the volume 20 (4) issue of the Journal.

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Is it necessary to delay antiviral therapy for 3–6 months to anticipate HBeAg seroconversion in patients with HBeAg-positive chronic hepatitis B in endemic areas of HBV genotype C? Clin Mol Hepatol 2014;20(4):355-360.

<http://dx.doi.org/10.3350/cmh.2014.20.4.355>

In the published version of this article, there was an error in the legend of Figure 2. The legend should have been as follows:

Figure 2. Clinical course of a 62-year-old male patient with HBeAg-positive CHB who received liver transplantation because of acute-on-chronic liver failure. This patient was followed at 6 months interval without any antiviral therapy before week 0, when serum ALT, bilirubin and HBV DNA levels were 55 IU/L, 0.6 mg/dL and 3.1×10^8 IU/mL, respectively. At 12 weeks, those levels increased to 282 IU/L, 0.8 mg/dL and 2.8×10^9 IU/mL, respectively. The patient was requested to be followed without antiviral therapy even though ALT level was elevated more than 2 times the ULN. At 14 weeks, serum ALT level was 314 IU/L and bilirubin level was 0.7 mg/d. At 16 weeks, the patients visited the emergency room early because of severe anorexia and nausea. Serum ALT, bilirubin and HBV DNA levels were 2,039 IU/L, 19 mg/dL, 3.85×10^8 IU/mL, respectively. Entecavir was introduced immediately. At 18 weeks, the serum bilirubin level increased to 35.3 mg/dL and hepatic encephalopathy developed in this patient. The patient received emergent liver transplantation and recovered completely.

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Predictors of spontaneous viral clearance and outcomes of acute hepatitis C infection. Clin Mol Hepatol 2014;20(4):368-375.

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There was an error in the Table 3. "HCV RNA at baseline $\geq 8 \times 10^5$ IU/mL" should have been "HCV RNA at baseline $< 8 \times 10^5$ IU/mL".