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“Recent lessons learned in the management of acute exacerbation of idiopathic pulmonary fibrosis.” Yasuhiro Kondoh, Vincent Cottin and Kevin K. Brown.
Eur Respir Rev 2017; 26: 170050.

It has been brought to our attention that this article from the September 2017 issue of the *European Respiratory Review* was originally published with an error in table 4 in the PDF version only (the table was correct in the full text version online). The recommendation referring to nintedanib, pirfenidone and avoidance of the combination of prednisone and azathioprine were misaligned. The corrected table is presented below, and the original article has been corrected and republished online.

TABLE 4 Possible preventive and therapeutic measures in acute exacerbations of idiopathic pulmonary fibrosis (AE-IPF)

Prevention	Recommendation
•Influenza and pneumococcal vaccination	+
•Hand washing, avoidance of sick contacts	+
•Approaches to minimise gastro-oesophageal reflux	+/-
•Avoidance of airborne irritants and pollutants	+
•When mechanical ventilation is required, strategies to minimise ventilator-induced lung injury	+/-
Low tidal volume ventilation	
Noninvasive ventilation	
High-flow nasal cannula oxygen therapy	
•Nintedanib	+/-
•Pirfenidone	-/+
•Avoidance of the combination of prednisone and azathioprine	+
Therapeutics	Recommendation
Ventilation	
• Low tidal volume ventilation	+
• Noninvasive ventilation	+
• High-flow nasal cannula oxygen therapy	+/-
Pharmacology	
• Corticosteroid	+
• Empiric antibiotics	+/-
• Immunosuppressant [#]	-/+
• Thrombomodulin	-/+
Lung transplantation	+/-
Others	
• Extracorporeal membrane oxygenation	– [§]
• Polymixin B haemoperfusion	-/+
• Rituximab, plasma exchange, intravenous immunoglobulin	–
• Non-steroid approach [¶]	–

+: Would consider using in most patients as potential benefit seems to outweigh potential harm; +/-: would consider using in selected patients as the balance of benefit and risk varies by clinical situation; -/+: would not consider using in majority of patients as the balance of benefit and risk varies by clinical situation; -: would not consider using in most patients as evidence is lacking to support a clinical benefit. [#]: Cyclophosphamide, cyclosporine, tacrolimus. [¶]: Immediate cessation of immunosuppression (if any), best supportive care, broad-spectrum antimicrobials. [§]: Would consider as a bridge to lung transplantation.