

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.”⁶⁰

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.”^{35,60}

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.”⁶⁰ 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.”⁶⁰

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.”⁶⁰

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.”⁶⁰

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.”⁶⁰ Besides, white blood cell count >50,000 cell/mL and serum lactate level of >5 mmol/L are relative indications for surgical intervention.”⁶⁰

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.”⁶⁰

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.”^{6,8,60}

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.”⁶⁰

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.”^{55,58,60}

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

Clinical and Experimental Gastroenterology

Dovepress

Publish your work in this journal

Clinical and Experimental Gastroenterology is an international, peer-reviewed, open access, online journal publishing original research, reports, editorials, reviews and commentaries on all aspects of gastroenterology in the clinic and laboratory. This journal is indexed on American Chemical Society's Chemical Abstracts Service (CAS).

The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/clinical-and-experimental-gastroenterology-journal>

<https://doi.org/10.2147/CEG.S329394>