Erratum

Kidney disease in cardiology

Charles A. Herzog

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The Introduction to this paper contained an error and should read:

**Introduction**

It is a balmy Day in the Twin Cities of St. Paul and Minneapolis, but the dense carpet of fallen leaves on umber lawns is a harbinger of another imminent Minnesota winter. The arrival of the weather Furies, however, seems benign in comparison to the current national discourse on heath care reform, predicting the first blizzard seems a lot easier than divining the outcome of this fractious debate. Although the focus of my fourth annual column is narrow (reviewing cardiology papers that are relevant to nephrologists but appeared in non-nephrology journals), the topic remains clinically relevant, as chronic kidney disease (CKD) is such a powerful predictor of adverse cardiovascular outcome. The arc of this column covers acute kidney injury (AKI), acute myocardial infarction (AMI), statins, CKD biomarkers and risk stratification and hypertensive cardiovascular disease.

The publishers wish to apologize for this error.

doi: 10.1093/ndt/gfq112

Erratum

**Randomized controlled clinical trial of corticosteroids plus ACE-inhibitors with long-term follow-up in proteinuric IgA nephropathy**

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Figure 2 in this paper was published incorrectly. The corrected version of Figure 2 is presented here.

The author wishes to apologize for this error.
Fig. 2. Kaplan–Meier analysis of kidney survival in the two treatment groups. The number of events was significantly higher in the ramipril alone group (interrupted line) compared with the prednisone plus ramipril group (solid line). A. The outcome was the combination of doubling baseline serum creatinine or ESKD (log-rank test, $P = 0.003$). B. The outcome was ESKD alone (log-rank test, $P = 0.024$). Patients at risk were the number of cases observed at each time.