BMC Infectious Diseases

CORRECTION

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Correction to: Monocyte anisocytosis increases during multisystem inflammatory syndrome in children with cardiovascular complications

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Following the publication of the original article [1], the authors identified that some symbols were absent in the on-line version of Figs. 4 and 5. These Figures have been corrected.

The original article has been corrected.

The original article can be found online at https://doi.org/10.1186/s12879-022-07526-9.

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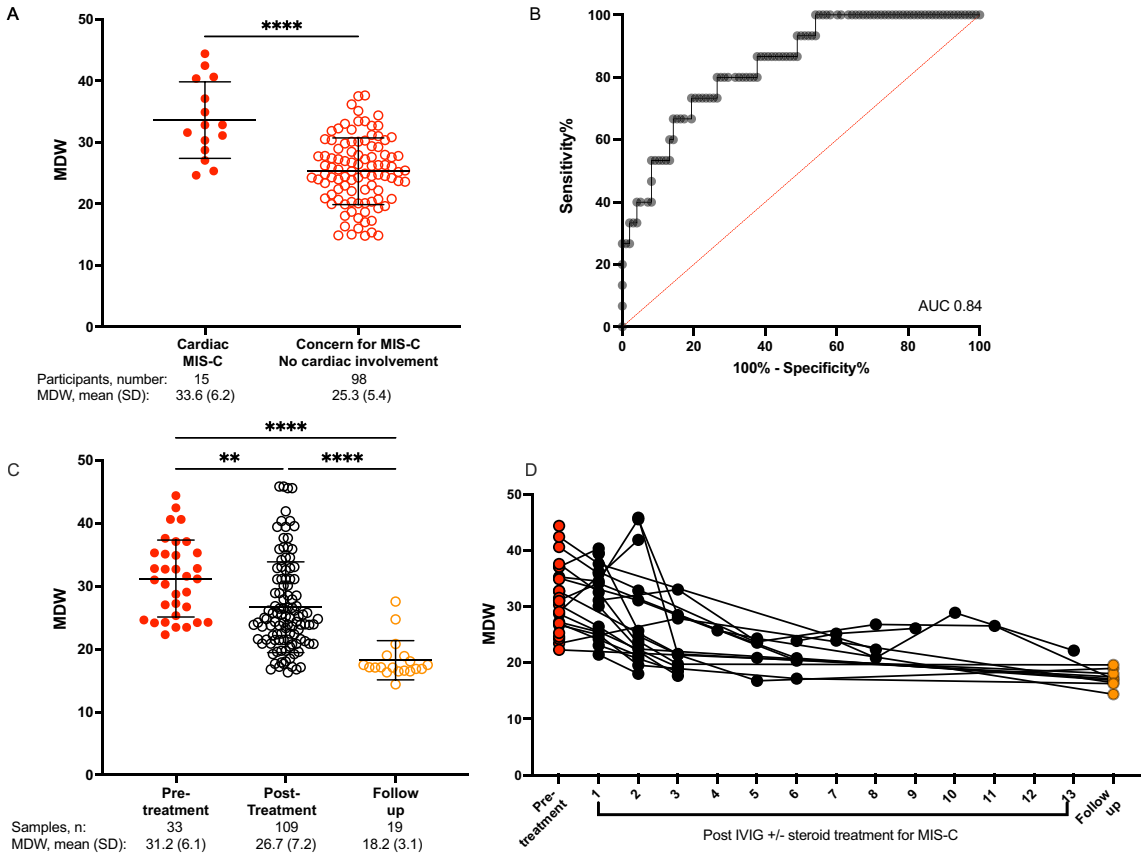

Fig. 4 MDW depends on MIS-C severity and changes through the course of MIS-C diagnosis, treatment, and recovery. **A** Higher MDW values in MIS-C patients who manifested cardiac complications (Cardiac MIS-C) compared to children with MIS-C without cardiac involvement or presenting with symptoms concerning MIS-C (fever plus recent/current positive SARS-CoV2 PCR or SARS-CoV2 antibodies positive). **B** ROC in the validation cohort to assess the utility of MDW as a screening tool for cardiac involvement of MIS-C. AUC = area under the curve (fraction). **C** Blood from children with MIS-C was collected at multiple time points. MDW was plotted by time of collection: at admission, during hospital course, and at discharge or follow-up. Analysis by one way ANOVA. **P < 0.01, ****P < 0.0001. **D** MDW values from individual patients with MIS-C are plotted over the course of their illness. Black lines connect individual patients with MIS-C. Not all patients provided blood samples at each time point

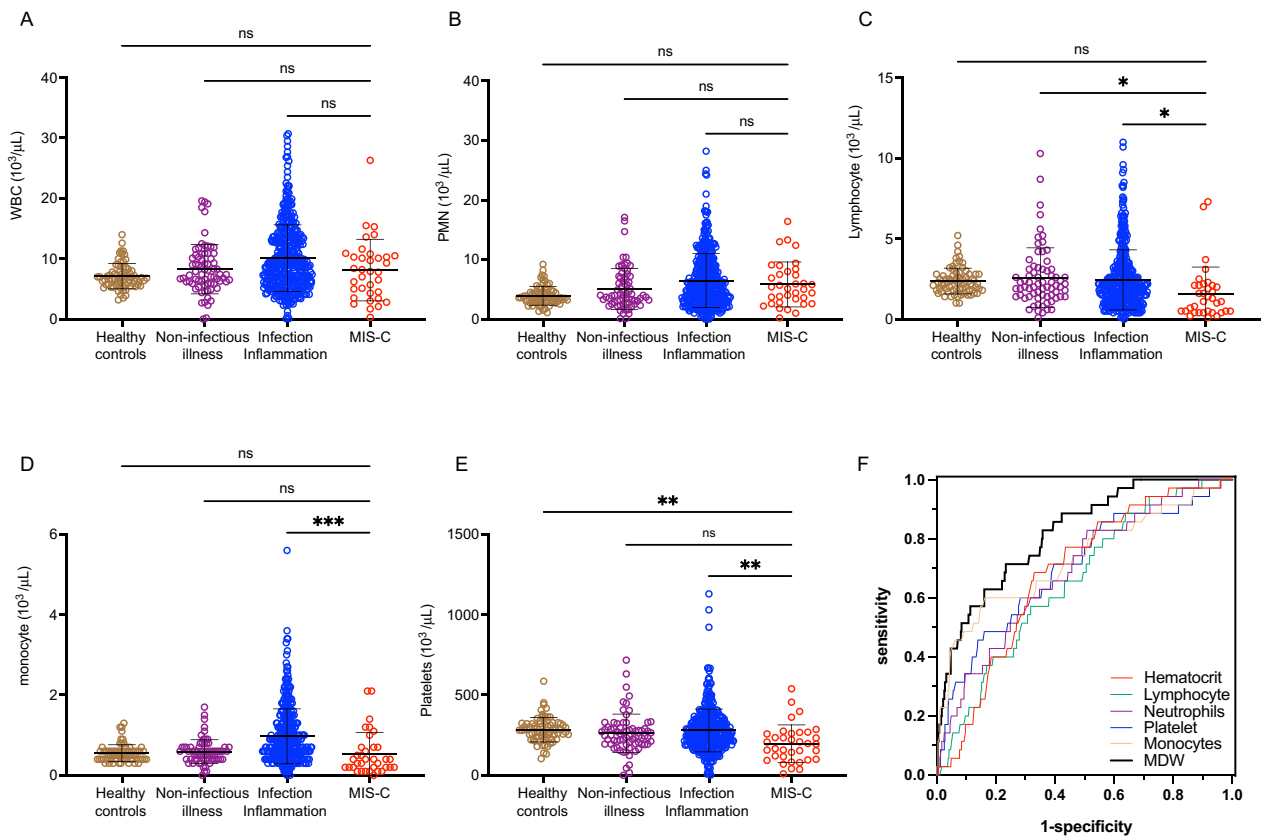

Fig. 5 Assessment of other hematological parameters in MIS-C. Hematologic parameters, including **A** white blood cell (WBC), **B** neutrophil (PMN), **C** lymphocyte, **D** monocyte, and **E** platelet counts were compared between healthy controls, children with non-infectious illness, children with an infectious/inflammatory illness, and children with MIS-C in the validation cohort. Analysis by ordinary one-way ANOVA. ns = non-significant, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$. **F** Receiver operator curve of each hematologic parameter in MIS-C compared to values obtained from children presenting for medical care for infection/inflammatory or non-infectious illness

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