



Correction Correction: Kim et al. Diagnostic Value of Multiple Serum Biomarkers for Vancomycin-Induced Kidney Injury. J. Clin. Med. 2021, 10, 5005

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Error in Table

In the original publication [1], there was a mistake in "Table 2. Serum biomarker concentrations in the (A) screening test by Luminex assay (n = 55) and the (B) validation test by ELISA (n = 72)." as published. ** Table 2(B) was identical to Table 2(A)**. The corrected "Table 2. Serum biomarker concentrations in the (A) screening test by Luminex assay (n = 55) and the (B) validation test by ELISA (n = 72)." appears below.



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			()	A)				
	VIKI (<i>n</i> = 20)	Control			VIKI vs.	Post Hoc Comparison		
		Non-VIKI (<i>n</i> = 15)	HC (<i>n</i> = 20)	VIKI vs. Control	Non-VIKI vs. HC	VIKI vs. HC	VIKI vs. Non-VIKI	Non-VIKI vs. HC
IL-18 (pg/mL)	849 (468–1352)	455 (347–766)	229 (190–303)	<0.001	<0.001	<0.001	0.021	<0.001
ŤŇF-R1 (pg/mL)	6797 (4085–11,770)	3735 (2411–4920)	1017 (918–1120)	<0.001	<0.001	<0.001	0.001	<0.001
CXCL10 (pg/mL)	563.3 (189.0–1161.3)	199.8 (139.6–305.7)	77.9 (61.7–89.3)	<0.001	<0.001	<0.001	0.031	<0.001
Osteopontin (ng/mL)	193.1 (103.2–334.0)	73.8 (42.5–109.7)	17.8 (16.1–28.1)	<0.001	<0.001	<0.001	<0.001	<0.001
TFF3 (ng/mL)	8.5 (4.8–14.9)	2.9 (1.7-4.7)	1.9 (1.6–2.2)	<0.001	<0.001	<0.001	<0.001	0.023
Clusterin (µg/mL)	0.20 (0.15-0.24)	0.19 (0.15–0.22)	0.23 (0.20–0.24)	0.489	0.073			
Cystatin C (mg/L)	2.7 (2.2–3.2)	1.2 (1.0–1.6)	1.2 (1.1–1.3)	<0.001	<0.001	<0.001	<0.001	0.994
RBP4 (µg/mL)	30.4 (23.4–41.4)	19.5 (13.2–36.2)	62.3 (51.5–82.7)	0.057	<0.001	<0.001	0.089	<0.001
NGAL (ng/mL)	130.4 (101.1–155.1)	70.5 (49.0–116.8)	55.4 (37.0–60.3)	<0.001	<0.001	<0.001	0.006	0.105
			(1	B)				
	VIKI	ol		VIKI vs.	Post Hoc Comparison			

Table 2. Serum biomarker concen	trations in the (A) screening test by Luminex assay ($n = 55$) and the
(B) validation test by ELISA ($n =$	72).

	VIKI (<i>n</i> = 28)	Control			VIKI vs.	Post Hoc Comparison		
		Non-VIKI (<i>n</i> = 21)	HC (<i>n</i> = 23)	VIKI vs. Control	Non-VIKI vs. HC	VIKI vs. HC	VIKI vs. Non-VIKI	Non-VIKI vs. HC
IL-18 (pg/mL)	461 (363–798)	266 (161–442)	122 (95–164)	<0.001	<0.001	<0.001	0.017	<0.001
TNF-R1 (pg/mL)	7915 (4655–12,871)	2845 (1820–4444)	1149 (975–1336)	<0.001	<0.001	<0.001	0.002	0.005
CXCL10 (pg/mL)	509.2 (184.2–748.8)	221.2 (135.4–317.5)	96.0 (66.4–125.4)	<0.001	<0.001	<0.001	0.034	<0.001
Osteopontin (ng/mL)	9.5 (5.3–14.6)	3.5 (2.3–7.2)	1.0 (0.8–1.2)	<0.001	<0.001	<0.001	<0.001	<0.001
TFF3 (ng/mL)	27.5 (16.8–39.0)	8.4 (6.07–12.4)	6.5 (5.7–8.9)	<0.001	<0.001	<0.001	<0.001	0.394
Cystatin C (mg/L)	2.3 (1.6–2.8)	0.8 (0.7–1.0)	0.7 (0.6–0.9)	<0.001	<0.001	<0.001	<0.001	0.071
NGAL (ng/mL)	157.5 (97.3–362.1)	96.9 (53.3–141.7)	38.8 (28.1–48.9)	<0.001	<0.001	<0.001	0.011	<0.001

Note: *p*-value < 0.05 was considered statistically significant. Significant values are indicated in bold. Abbreviations: VIKI, vancomycin-induced kidney injury; HC, healthy control; IL-18, interleukin-18; TNF-R1, tumor necrosis factor receptor 1; CXCL10, C-X-C motif chemokine ligand 10; TFF3, trefoil factor-3; RBP4, retinol binding protein 4; and NGAL, neutrophil gelatinase-associated lipocalin.

Text Correction

There was an error in the original publication. ****A word needs to be replaced in the sentence****.

A correction has been made to ****3**. *Discussion*******, *******Paragraph* **8****:

There are some limitations that must be noted. First, owing to the retrospective nature of our study, the study evaluated the diagnostic value of the biomarkers rather than their predictive value for VIKI. Secondly, this study identified candidate serum biomarkers that have potential for the diagnosis of VIKI, but the current design could not show their specificity for VIKI. Indeed, we are conducting an additional experiment with a control group consisting of patients with AKI induced by causes other than vancomycin to identify the specificity of the biomarkers for VIKI. Lastly, this research was a single-center study with a limited number of subjects with heterogeneous baseline conditions, preventing our results from being free of bias. Large-scale, multi-center studies would be required to establish the credibility of our findings. The authors apologize for any inconvenience caused and state that the scientific conclusions are unaffected. This correction was approved by the Academic Editor. The original publication has also been updated.

Reference

1. Kim, S.-M.; Lee, H.-S.; Kim, M.-J.; Park, H.-D.; Lee, S.-Y. Diagnostic Value of Multiple Serum Biomarkers for Vancomycin-Induced Kidney Injury. *J. Clin. Med.* **2021**, *10*, 5005. [CrossRef] [PubMed]