

CORRECTION

Correction: Decline in Clinical Efficacy of Oral Miltefosine in Treatment of Post Kala-azar Dermal Leishmaniasis (PKDL) in India

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[Fig 3](#) and [Fig 4](#) are incorrect. The authors have provided corrected versions here.



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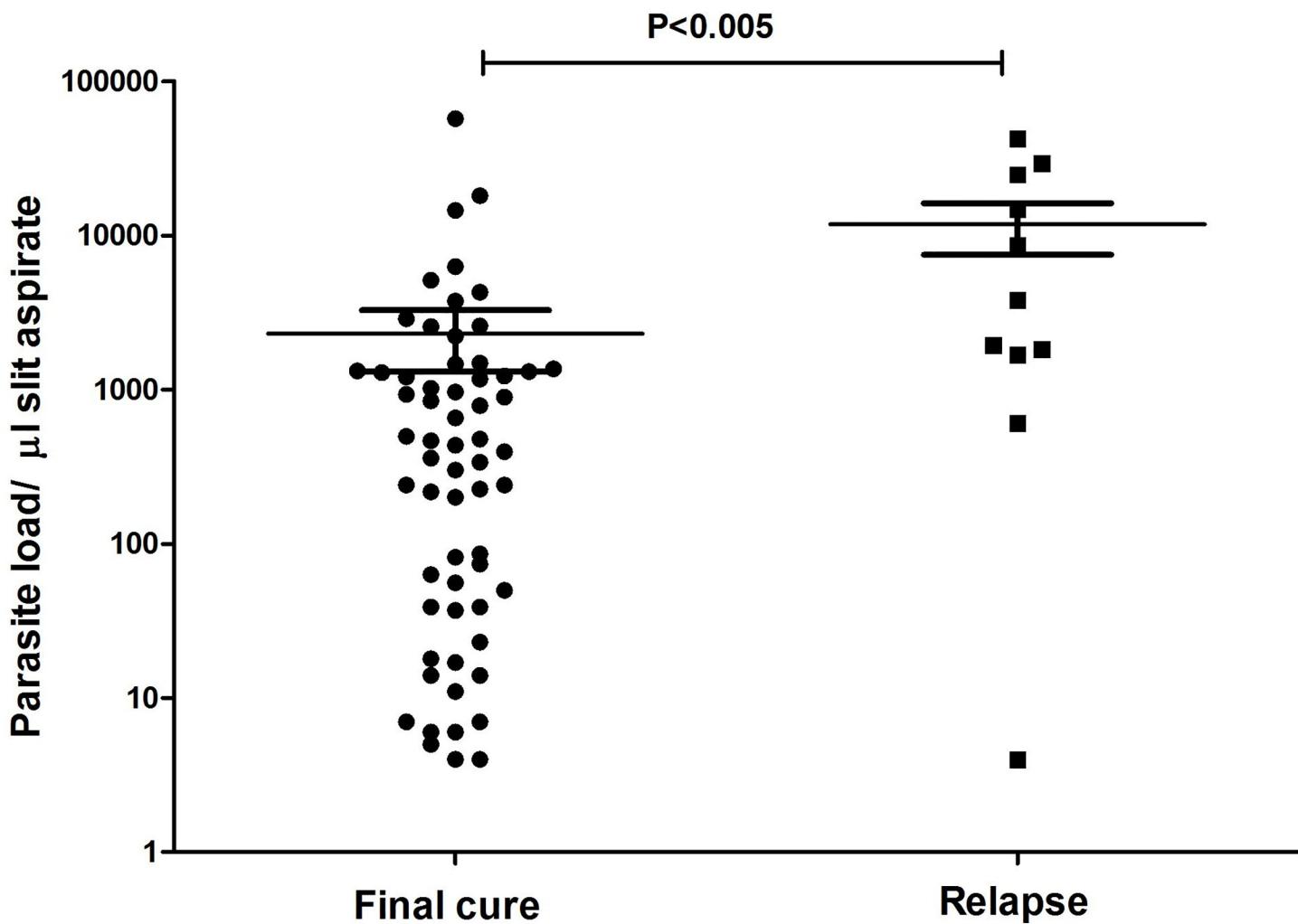


Fig 3. Scatter plot showing parasite load at the pre-treatment stage in the cases that eventually relapsed vs those that remained cured. Parasite load was determined by Q-PCR in slit aspirate sample at the time of diagnosis of PKDL and expressed as the number of *Leishmania* parasite/ μl slit aspirate. P value was calculated using Mann-Whitney test. Horizontal bars indicate mean \pm SEM.

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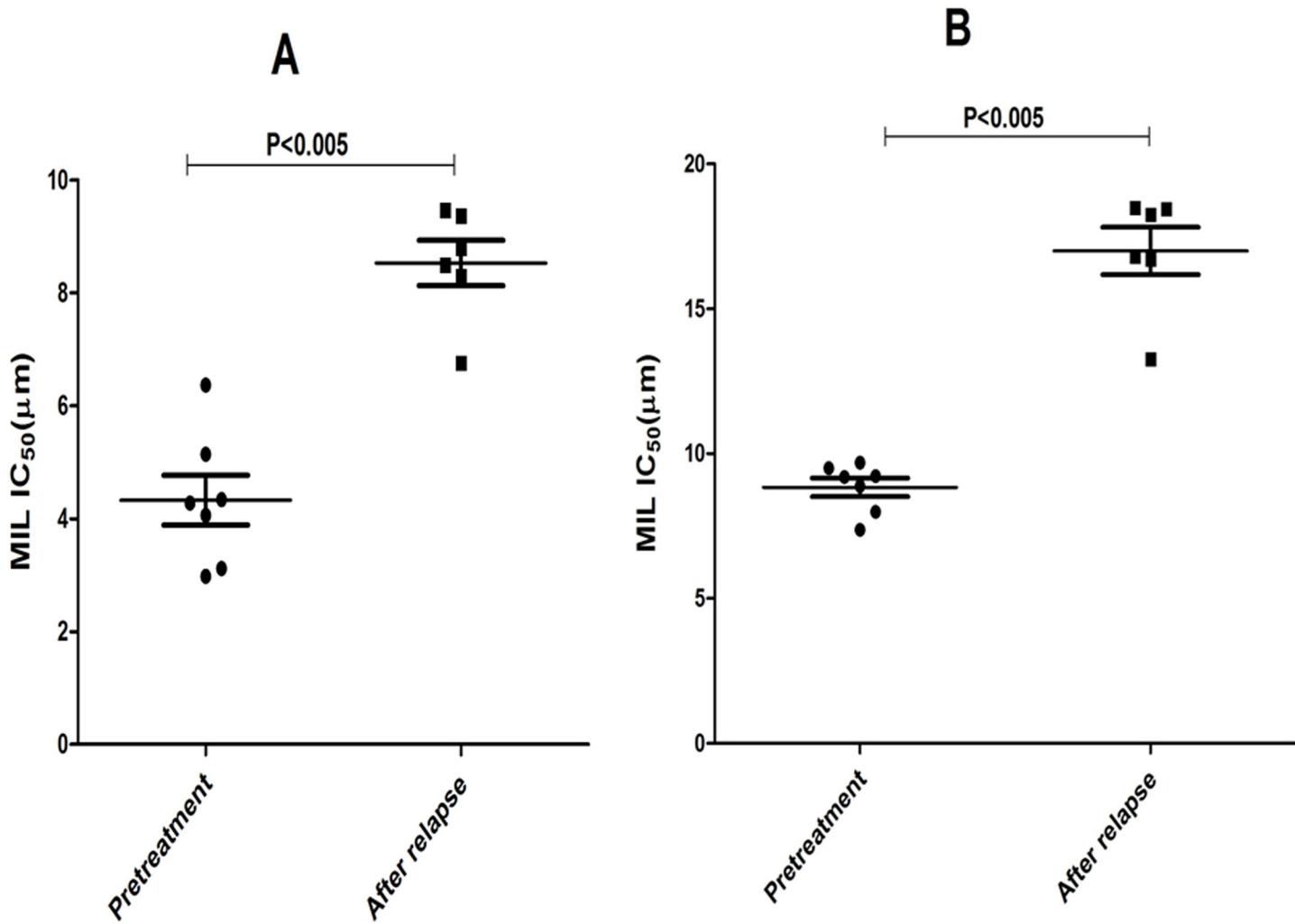


Fig 4. *In vitro* MIL susceptibility of parasite isolates from cured ($n = 7$) and relapsed ($n = 6$) PKDL patients. MIL susceptibility at (A) promastigote stage (B) amastigote stage. Each individual value represents mean $IC_{50} \pm SD$ of the results from two separate assays. P value was calculated using Mann-Whitney test. Horizontal bars indicate mean $\pm SEM$

doi:10.1371/journal.pntd.0004289.g002

Reference

- Ramesh V, Singh R, Avishek K, Verma A, Deep DK, Verma S, et al. (2015) Decline in Clinical Efficacy of Oral Miltefosine in Treatment of Post Kala-azar Dermal Leishmaniasis (PKDL) in India. PLoS Negl Trop Dis 9(10): e0004093. doi:[10.1371/journal.pntd.0004093](https://doi.org/10.1371/journal.pntd.0004093) PMID: [26492039](#)