

SCIENTIFIC REPORTS



OPEN

Author Correction: Higher leukocyte count predicts 3-month poor outcome of ruptured cerebral aneurysms

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Correction to: *Scientific Reports* <https://doi.org/10.1038/s41598-018-23934-x>, published online 11 April 2018

The original version of this Article contained an error in the Abstract and Results.

In the Abstract, “The respective increased risks were 5.2- (OR5.24, 95% CI 1.67–16.50, $p = 0.005$), 6.2-(OR 6.24, 95% CI 3.55–10.99, $p < 0.001$) and 10.9-fold (OR 9.35, 95% CI 5.98–19.97, $p < 0.001$).”

now reads,

“The respective increased risks were 5.2- (OR5.24, 95% CI 1.67–16.50, $p = 0.005$), 6.2-(OR 6.24, 95% CI 3.55–10.99, $p < 0.001$) and 10.9-fold (OR 10.93, 95% CI 5.98–19.97, $p < 0.001$).”

In the Results, “After adjustment for potential confounding variables, gender, Fisher grade, time to surgery and hydrocephalus were not relevant to poor outcome, while Hunt-Hess grade, DIND and preoperative leukocyte count (greater than $13.84 \times 10^9/L$) remained significantly associated with adverse outcome (Table 2), the respective increased risks were 5.2-[odd ratio (OR)5.24, 95% confidence interval (CI)1.67–16.50, $p = 0.005$], 6.2-(OR6.24, 95% CI 3.55–10.99, $p < 0.001$) and 10.9-fold (OR9.35, 95% CI 5.98–19.97, $p < 0.001$) (Table 2).”

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These errors have now been corrected in the PDF and HTML versions of the Article.

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