

CORRECTIONS

In the original article titled “Management of bleeding or urgent interventions in patients treated with direct oral anticoagulants: 2017 recommendations for Poland”, published in the May 2017 issue (Pruszczyk P, Tomaszuk-Kazberuk A, Słowik A, et al. *Pol Arch Intern Med.* 2017; 127: 343-351), a correction was needed.

In Table 2 on page 345, the effects of apixaban and rivaroxaban on PT (the third and fourth columns and the first row) were switched.

On page 345, the word “monitoring” was changed to “measurement” in the sentence “TABLE 2 lists laboratory tests that may be used for anticoagulation monitoring”; the sentence “Direct factor Xa inhibitors cause a significant prolongation of the prothrombin time, slight prolongation of APTT, and no change in TT” was revised as “Direct factor Xa inhibitors cause a significant prolongation of the prothrombin time and no change in TT; they may slightly prolong APTT”; in the sentence “Moreover, a decision should be made as to whether to continue anticoagulation (and if yes, what type) or whether to reverse anticoagulation (and if yes, by which method) in patients with life-threatening bleeding”, “in patients with life-threatening bleeding” was deleted, and the sentence “Generally, in life-threatening bleeding, anticoagulation should be at least temporarily stopped” was added after a full stop.

On page 346, information on half-lives (“The half-life of dabigatran is 12 to 15 hours, while that of Xa inhibitors, 9 to 11 hours”) was added after the sentence “The drug half-life is short in patients with normal renal and liver function; therefore, supporting measures and actions aimed at reversing anticoagulant effect are usually not necessary in these patients”. In the sentence “Oral activated charcoal, administered preferably 1 hour after dabigatran use, 10 to 20 minutes after rivaroxaban use, and 2 to 6 hours after apixaban use, is a potential method of reducing serum drug concentrations”, “is” was changed to “could be”. The sentence “However, considerable amounts of charcoal (approximately 1 g/kg of body weight) are required to achieve a significant effect” was revised as “However, considerable amounts of charcoal (approximately 1 g/kg of body weight) are required to achieve a significant effect, and clinical evidence for its effectiveness is very limited.”

On page 347, the end of the “Antidotes to direct oral anticoagulants” section has been revised as “However, the drug has not yet been approved for clinical use. Moreover, some rare thrombotic events following its use have also been reported”. Reference 21 after the sentence “There is no evidence for the beneficial effects of recombinant factor VIIa; therefore, its use in cases of intracranial hemorrhage is not recommended” was deleted and added after the sentence “In addition,

dabigatran at doses of 1 × 150 mg and 2 × 110 mg was associated with a higher rate of dyspeptic disorders”.

On page 348, the term “biliary and pancreatic prosthesis” was revised as “biliary and pancreatic stent”.

On page 349, the sentence “Before puncture, APTT and TT tests in dabigatran-treated patients and PT tests, and, if possible, anti-Xa activity assay in patients taking anti-Xa antagonists, are recommended to assess the level of diminution of the anticoagulant effect” was revised as “Before puncture, APTT and TT tests in dabigatran-treated patients and PT tests in rivaroxaban-treated patients are recommended”.

On page 351, reference 15 was revised as “Polack CV Jr, Reilly PA, van Ryn J, et al. Idarucizumab for dabigatran reversal – full cohort analysis. *N Engl J Med.* 2017; 377: 431-441.”

The article is correct at www.pamw.pl.