

Erratum to “Lethal encephalitis in a pediatric patient with SARS-CoV-2” [Turk J Pediatr 2022; 64: 571-575]

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When the above paper was published laboratory results and their normal ranges were not fully written. We apologize for any inconvenience or confusion caused by this error.

The patient’s laboratory and reference values upon admission were as follows: hemoglobin 12.7 g/dl (11.8-16.5), white blood cell count 15,540/ μ L (4,100-10,500), lymphocytes 7.8%, platelet count 256,000/ μ L (145,000-400,000), pH 7.39 (7.35-7.45), partial pressure of carbon dioxide (pCO₂) 34 mmHg (35-45), O₂ saturation 80%, bicarbonate 21 mmol/L, fasting blood glucose 128 mg/dl (70-100), creatinine 0.66 mg/dl (0.7-1.1), ferritin 12 ng/ml (11-190), triglyceride 34 mg/dl (40-150), procalcitonin 0.04 ng/ml (0.05-0.5), C-reactive protein (CRP) 0.1 mg/L (1-5), CK-MB 0.6 IU/L (0-5.2), D-dimer 0.19 ng/ml (0-0.55), troponin-I 1.1 pg/ml (0-34.2), Na 142 mEq/L, K 4.2 Eq/L, Mg 1.9 Eq/L, Ca 8.1 mg/dl, phosphorus 3 mg/dl, aspartate aminotransferase 14 U/L (18-40), alanine aminotransferase 29 IU/L (10-33), albumin 5.0 g/dl (4-5), and COVID-19 (SARS-CoV-2) reverse transcriptase-PCR positive, brain natriuretic peptide (BNP) 10 pg/ml (0-100). On the third day of admission, D-dimer (1.14 ng/ml), troponin-I (150 pg/ml), and BNP (38.2 pg/ml) increased.

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