Cardiology in the Young

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Corrigendum

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Immunological differences between heart- and kidney-transplanted children: a cross-sectional study – CORRIGENDUM

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The authors apologises that upon publication of Ekman-Joelsson, B., Brandström, P., Allén, M., Andersson, B., Wåhlander, H., Mellgren, K., & Ekwall, O. (2022), the first line of the abstract was incomplete.

The full abstract is as below

Abstract

Post-transplantation lymphoproliferative disorder is a potentially mortal complication after heart transplantation in children. As the immune system plays a crucial role in the development of lymphoma, we explored the influence of thymus function in relation to immunosuppressive treatment in organ-transplanted children and healthy control subjects. A prospective case–control study was performed at a single centre, in which 36 children who had undergone heart transplantation were compared to two control groups: 34 kidney-transplanted children and 33 healthy age- and sex-matched children. T- and B-lymphocyte subtypes and monocytes were analysed by flow cytometry, and T-cell receptor excision circles were assessed using quantitative polymerase chain reaction. Heart-transplanted children had a lymphocyte profile characterised by reduced or absent thymic function with low numbers of T-cell receptor excision circles and total and naïve T cells, together with immune activation against the allograft. Despite similar immunosuppressive treatment, the kidney-transplanted group showed an activated T-lymphocyte compartment.

The online version of this article has been updated.

Reference

Ekman-Joelsson, B., Brandström, P., Allén, M., Andersson, B., Wåhlander, H., Mellgren, K., & Ekwall, O. (2022). Immunological differences between heart- and kidney-transplanted children: A cross-sectional study. Cardiology in the Young, 1-6. doi: 10.1017/S1047951122001743