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CORRECTION

Correction: The role of Asprosin in the diagnosis of diabetic and non-diabetic patients with sepsis

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In the originally published article [1] (DOI: 10.22514/sv.2024.056), post-publication review by the Editorial Office identified two inappropriate or inaccurate references ([17] and [18]) in the Discussion section.

In collaboration with the authors, the following corrections have been made:

1. References [17] and [18] in the original article have been replaced with more relevant citations in this Correction as follows:

[17] Chen YS, Liao TY, Hsu TC, Hsu WT, Lee MG, Lee CC; National Taiwan University Hospital Biomedical Data Science Research Group. Temporal trend and survival impact of infection source among patients with sepsis: a nationwide study. Critical Care and Resuscitation. 2020; 22: 126–132.

[18] Kang C, Choi S, Jang EJ, Joo S, Jeong JH, Oh SY, *et al*. Prevalence and outcomes of chronic comorbid conditions in patients with sepsis in Korea: a nationwide cohort study from 2011 to 2016. BMC Infectious Diseases. 2024; 24: 184.

2. The following sentences in the Discussion section have been corrected for clarity:

Original text: "Ma *et al*. [17], investigated that the most common source of sepsis was abdominal infections with a rate of 25.5%. However, the most common source of sepsis in this present study was urinary tract infections with a rate of 42.4%. This variation may be due to the underlying diabetic condition which is the major cause of renal dysfunction. In the same study, it was also investigated that hypertension is the most commonly comorbid condition in septic patients (47.4%) [18]. But in the present study, the most common comorbid condition was coronary artery disease with a rate of 33.3%."

Corrected text: "In the study by Chen *et al*. [17], lower respiratory tract infection (54.0%) was reported as the most common source of sepsis, followed by genitourinary tract infection (33.9%), intra-abdominal infection (5.8%), and skin and soft tissue infection (5.0%) [17]. In our study, urinary tract infection was the most common source of sepsis, accounting for 42.4% of cases. This difference may be explained by the high prevalence of diabetes in our study population, which is associated with immune dysfunction and increased susceptibility to urinary tract infections. In the study of Kang *et al*. [18], it was stated that hypertension is the most commonly comorbid condition in septic patients (46.7%), but in our study, the most common comorbid condition was coronary artery disease with a rate of 33.3%."

The remainder of the Discussion section remains unchanged.

The authors confirm that these corrections do not affect the scientific content, results, interpretations, or conclusions of the original study.

The authors sincerely apologize for these inaccuracies and any inconvenience caused. This Correction has been approved by the Editor-in-Chief. The original article PDF remains available as published and has not been altered. Readers are advised to refer to this Correction for the updated references [17] and [18] and the corrected sentences in the Discussion section.

REFERENCES

[1] Salt SA, Aydoğdu N, Salt Ö, Fırat N, Süt N. The role of Asprosin in the diagnosis of diabetic and non-diabetic patients with sepsis. Signa Vitae. 2024; 20: 40–45.

