

OPEN ACCESS

APPROVED BY

Frontiers Editorial Office, Frontiers Media SA, Switzerland

*CORRESPONDENCE

Frontiers Production Office,

production.office@frontiersin.org

RECEIVED 05 January 2024 ACCEPTED 05 January 2024 PUBLISHED 15 January 2024

CITATION

Frontiers Production Office (2024), Erratum: Comparison of bleeding risk and hypofibrinogenemia-associated risk factors between tigecycline with cefoperazone/ sulbactam therapy and other tigecycline-based combination therapies.

Front. Pharmacol. 15:1365927.

doi: 10.3389/fphar.2024.1365927

COPYRIGHT

© 2024 Frontiers Production Office. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Erratum: Comparison of bleeding risk and hypofibrinogenemia-associated risk factors between tigecycline with cefoperazone/sulbactam therapy and other tigecycline-based combination therapies

Frontiers Production Office*

Frontiers Media SA, Lausanne, Switzerland

KEYWORDS

tigecycline, cefoperazone/sulbactam, carbapenems, β -lactam antibiotics, coagulation disorders, hypofibrinogenaemia

An Erratum on

Comparison of bleeding risk and hypofibrinogenemia-associated risk factors between tigecycline with cefoperazone/sulbactam therapy and other tigecycline-based combination therapies

by Zhang L, Cai X, Peng F, Tian S, Wu X, Li Y and Guo J (2023). Front. Pharmacol. 14:1182644. doi: 10.3389/fphar.2023.1182644

Due to a production error, there was a mistake in Table 1 as published. The table erroneously contained references. The corrected Table 1 appears below.

The publisher apologizes for this mistake. The original version of this article has been updated.

Frontiers Production Office 10.3389/fphar.2024.1365927

TABLE 1 Baseline information.

	Group A	Group B	Group C	P
Number of patients	193	200	58	
Sex (n, %)				
Male patients	154 (79.79)	146 (73.00)	44 (75.86)	0.285
Female patients	39 (20.21)	54 (27.00)	14 (24.14)	
Age, years (P_{25}, P_{75})	65 (54,73)	65 (54,75)	63.5 (49.5,76)	0.748
Underlying diseases (n)				
Tumor	19	13	5	
Diabetes	6	19	6	
CKD	6	2	4	
CHF	0	3	1	
COPD	20	10	3	
Site of infection, n (%)				
Intra-abdominal	7 (3.63)	10 (5)	7 (12.1)	
Pneumonia	180 (93.26)	180 (9)	48 (82.8)	
SSTI	2 (1.04)	4 (2)	3 (5.2)	
Other	4 (2.07)	6 (3)	0	
ICU admission, n (%)	48 (24.87)	44 (22.00)	13 (22.41)	0.786
PCT	3.35 ± 13.07	4.39 ± 14.81	2.98 ± 6.47	0.972
Treatmentduration, days (P ₂₅ ,P ₇₅)	7 (5,10.5)	7 (5,10)	7 (5,11)	0.369
Daily dose				
100 mg, n (%)	161 (83.4)	163 (81.5)	52 (89.7)	0.340
200 mg, n (%)	32 (16.6)	37 (18.5)	6 (10.3)	
Hypofibrinogenemia				
Yes, n (%)	75 (38.86)	93 (46.50)	23 (39.66)	0.281
No, n (%)	118 (61.14)	107 (53.50)	35 (60.34)	
Bleeding events, n (%)	19 (9.84)	19 (9.5)	7 (12.07)	0.845

Group A, tigecycline plus cefoperazone/sulbactam; Group B, tigecycline plus carbapenems; Group C, tigecycline plus β-lactam antibiotics without N-methylthio-tetrazole side chains; CKD, Chronic kidney disease; CHF, Congestive heart failure; COPD, Chronic obstructive pulmonary disease; SSTI, Skin and soft tissue infections.