CORRECTION TO 'DEMYSTIFYING LACTATE IN THE EMERGENCY DEPARTMENT' [ANNALS OF EMERGENCY MEDICINE 75 (2020) 287–298/8310]

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The publisher regrets that an error was made in Figure 1 of the article titled *Demystifying Lactate in the Emergency Department*, published in the February 2020 issue. In the upper right corner of the figure, the arrow should be flipped, pointing from "NAD^+" to "NADH, H^+." This has been corrected online.

The publisher would like to apologize for any inconvenience caused.

IMAGES IN EMERGENCY MEDICINE

(continued from p. 546)

DIAGNOSIS:

Hypertriglyceridemia. The patient's serum triglyceride level was above the upper detectable limit (>5,500 mg/dL; normal <150 mg/dL); total cholesterol level was 1,287 mg/dL (normal 125 to 199 mg/dL). Serum lipase level was 33 units/L (normal 7 to 60 units/L). Given his lack of related symptoms, normal physical examination result, and normal serum lipase level, his hypertriglyceridemia was attributed to intensive asparaginase therapy. Asparaginase is known to cause hypertriglyceridemia because of an increase in endogenous synthesis of low-density lipoproteins, as well as a decrease in lipoprotein lipase, a key enzyme that removes triglycerides from plasma.[1] Severe hypertriglyceridemia (>1,000 mg/dL) is relatively common, occurring in 7% of patients in one study of 257 pediatric patients being treated for acute lymphoblastic leukemia.[2] Chemotherapy including pegylated asparaginase was continued without complications from hypertriglyceridemia. His hypertriglyceridemia resolved during 3 months.

Although pancreatitis is associated with both asparaginase and corticosteroid therapy, it does not appear to be associated with hypertriglyceridemia or its severity.[3] Hypertriglyceridemia may be associated with thrombosis in children with acute lymphoblastic leukemia, however.[2] Dose modification is approached cautiously, given the relative paucity of complications, because intensive asparaginase therapy has been shown to significantly improve outcomes in pediatric precursor T-cell acute lymphoblastic leukemia.[4]

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