Erratum: Quebec Platelet Disorder: Update on Pathogenesis, Diagnosis, and Treatment

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ERRATUM

The publisher has been informed that there were errors in **-Table 1** in the above article in *Seminars in Thrombosis and Hemostasis*, Volume 37, Number 6, 2011 (DOI: 10.1055/s-0031-1291382).

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The plasma thrombopoietin (TPO) values and TPO assay reference interval that the authors were provided were incorrect. They apologize for not catching these errors before publication. Plasma TPO levels (determined with new samples and the same assay) are actually <31.3 pg/ml in QPD and most general population control samples.¹ A new version of **-Table 1**, with the correct information,¹ is included in this erratum. No other information in the authors' review requires correction.

published online January 14, 2019 Issue Theme Editorial Compilation VI; Guest Editors: Emmanuel J. Favaloro, PhD, FFSc (RCPA), and Giuseppe Lippi, MD. Copyright © 2019 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662. DOI https://doi.org/ 10.1055/s-0038-1625972. ISSN 0094-6176. Table 1 Laboratory findings in Quebec platelet disorder

Laboratory test	Finding
Platelet count	Reduced or normal (80–245 \times 10 ⁹ /L)
Other blood counts	Normal unless iron deficient
Platelet Function Analyzer-100® closure times	Normal
Bleeding time	Normal to mildly prolonged
Coagulation and fibrinolysis parameters	
PT (INR)	Normal
aPTT	Normal
Fibrinogen	Normal
D-dimer	Normal
uPA	Normal in plasma prepared with platelet activation inhibitors Elevated in platelets (~400–600 ng uPA/10 ⁹ platelets)
uPA-plasminogen activator inhibitor 1 complexes	Normal in plasma Elevated in platelets
Plasmin- α2 plasmin inhibitor complexes	Normal in plasma Elevated in platelets
Thromboelastography (whole blood or platelet rich plasma)	Normal
Light transmission platelet aggregometry	Non-diagnostic findings
Epinephrine	Absent primary or absent secondary aggregation
Adenosine diphosphate	Normal to reduced
Collagen	Normal to reduced
Arachidonic acid	Normal
Thromboxane analogue U46619	Normal
Ristocetin	Normal
Platelet glycoprotein analysis	
Western blot analysis for α-granule protein degradation and platelet uPA	α -granule protein degradation and increased platelet uPA
Plasma thrombopoietin levels	<31.3 pg/mL (reference interval: <31.3 pg/mL – 196 pg/mL)
Genetic tests for the QPD PLAU duplication mutation	Positive (duplicated and normal alleles detected)

Abbreviations: ADP, adenosine diphosphate; aPTT, activated partial thromboplastin time; PT (INR), prothrombin time (international normalized ratio); QPD, Quebec platelet disorder; uPA, urokinase plasminogen activator.

Note: The only correction in this table, as compared with the previous version, relates to plasma thrombopoietin levels. All other information is as per previously published. The entire table is provided here for completeness and ease of referral.

References

1 Hayward CP, Tasneem S, Rivard GE. Thrombopoietin levels in Quebec platelet disorder: Implications for the mechanism of thrombocytopenia. Int J Lab Hematol 2018. Doi: 10.1111/ijlh.12781