

**Re: Trilck M, Flitsch J, Lüdecke DK, Jung R, Petersenn S:
Salivary Cortisol Measurement – a Reliable Method for the
Diagnosis of Cushing’s Syndrome**

Exp Clin Endocrinol Diabetes 2005; 113: 225–230

Regarding the published article the authors apologize for two mistakes in the printed version. Due to a mix-up, a correction is necessary.

In the abstract as well as in the result section, the mentioned percentages of specificity and sensitivity for the exclusion/proof of hypercortisolism were mixed up. The correct version is:

“The following, age dependent cut-off levels for salivary cortisol at 10:00 p.m. were calculated for the exclusion of hypercortisolism. Age 6–10: 1.0 µg/l (specificity 100%, sensitivity 87.5%); age 11–15: 1.7 µg/l (specificity 100%, sensitivity 100%); age 16–20: 1.6 µg/l (specificity 100%, sensitivity 76.2%); age 21–60: 1.6 µg/l (specificity 100%, sensitivity 90.9%).

For the proof of Cushing’s syndrome, the following age-dependent cut-off levels at 10:00 p.m. were found: Age 6–10: 1.9 µg/l (specificity 100%, sensitivity 80%); age 11–15: 1.7 µg/l (specificity 100%, sensitivity 100%); age 16–20: 2.5 µg/l (specificity 100%, sensitivity 84.2%); age 21–60: 1.9 µg/l (specificity 100%, sensitivity 97.6%).”

Regarding Table 1 and 2, the mentioned specificities represent sensitivities and vice versa and have to be exchanged. In Table 2, the late evening cut-off for the age group 21–60 years of 1.9 µg/l correctly has a specificity of 100% with a sensitivity of 97.6% (not 87.6%).

Finally, regarding the abstract, in the sentence “We found a high sensitivity for the detection of hypercortisolism at the 10:00 p.m. salivary cortisol measurement.” sensitivity has to be changed into accuracy.

Dr. Jörg Flitsch
(for the authors)