

CORRECTION

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Isolated angioedema of the bowel due to C1 esterase inhibitor deficiency: a case report and review of literature

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Correction

Following the publication of our article [1] an error in the discussion section was noted. In the description of the five phases of abdominal pain attacks associated with classic hereditary angioedema [2], we incorrectly stated the phases and described phase V instead of phase zero.

Phase I starts with a period of non-cramping abdominal discomfort followed by (phase II) a crescendo phase which leads to (phase III) severe pain. Phase III is associated with vomiting and occasional diarrhea. Hypovolemia and hemoconcentration can occur as a result of a combination of events including vasodilatation, fluid shifts with edema of the bowel, ascites, and volume depletion related to vomiting and diarrhea. Phase IV refers to a decrescendo phase, which is a self limiting phase for untreated abdominal pain. Phase V refers to the resolution of pain, which can occur as often as twice a week

Should read

Phase zero also known as Prephase which includes fatigue, irritability, sensitivity to noise, nausea, and erythema marginatum. Phase I starts with a period of non-cramping abdominal discomfort followed by (phase II) a crescendo phase which leads to (phase III) severe pain. Phase III is associated with vomiting and occasional diarrhea. Hypovolemia and hemoconcentration can occur as a result of a combination of events including vasodilatation, fluid shifts with edema of the bowel, ascites, and volume depletion related to vomiting and diarrhea. Phase IV refers to a decrescendo phase, which is a self limiting phase for untreated abdominal pain

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References

1. Kothari ST, Shah AM, Botu D, Spira R, Greenblatt R, Depasquale J: **Isolated angioedema of the bowel due to C1 esterase inhibitor deficiency: a case report and review of literature.** *Journal of Medical Case Reports* 2011, **5**:62.
2. Bork K, Staubach P, Eckardt AJ, Hardt J: **Symptoms, Course, and Complications of Abdominal Attacks in Hereditary Angioedema due to C1 Inhibitor Deficiency.** *Am J Gastroenterol* 2006, **101**:619-27.

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