

Kidney biopsy findings in heterozygous Fabry disease females with early nephropathy

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There was an error in Table 6. The error was limited to the data shown in the table and did not affect any of the

statistical analyses presented in the Results and Discussion, which were based on a SPSS file that the authors have double-checked for accuracy. The corrected table is reproduced here.

The authors very much regret their error.

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Table 6 Comparison of the three largest kidney biopsy series reporting pathology findings in females with Fabry disease

	Gubler et al. [10]			Gubler et al. [10]				Present series				
Age at kidney biopsy (years)	8	22	51	30	37	54	55	73	32	42	45	50
CKD stage	0	0	2	?	2	4	5	4	2	1	2	2
Proteinuria	0	0	0	+++	+++	+++	++++	++++	++++	0	++	0
No. of evaluated glomeruli	8	15	25	2	4	17	23	5	12	31	29	17
No. of sclerotic glomeruli	0	0	5	1	2	17	22	3	9	2	7	4
(% of sclerotic glomeruli)	0%	0%	20%	50%	50%	100%	96%	60%	75%	6%	24%	24%
Tubular atrophy/interstitial fibrosis	0	0	+	0	+	++	+++	+	+ / ++	+	+	+

CKD stages classified according to the clinical practice guidelines of the National Kidney Foundation [33], using reported Creatinine Clearance or available algorithms to estimated GFR (eGFR): “0” — no evidence of kidney disease, “1” — eGFR \geq 90 ml/min/1.73m², “2” — eGFR = 89–60 ml/min/1.73m², “3” — eGFR = 59–30 ml/min/1.73m², “4” — eGFR = 29–15 ml/min/1.73m², “5” — eGFR < 15 ml/min/1.73m².

No. of sclerotic glomeruli is the total number of evaluated glomeruli that showed either segmental or global sclerosis.

Proteinuria was graded as: “0” = no overt proteinuria, “+” = 0.3–0.5 g/day, “++” = 0.5–1.0 g/day, “+++” = 1.0–3.5 g/day, “++++” \geq 3.5g/day.

Tubular atrophy/interstitial fibrosis graded as: “0” = absent, “+” = mild, “++” = moderate, “+++” = severe.