



# Correction to: bronchopulmonary dysplasia: a predictive scoring system for very low birth weight infants. A diagnostic accuracy study with prospective data collection

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In the original published version of this article under the last paragraph of the Result section the author made changes on their presented data the corrected data are as follows [Bold text used to highlight problem area]:

## Results

As an example, for a preterm infant born at 26 3/7 weeks PMA ( $GA^* = -2.81$ ), with an incomplete course of antenatal corticoids (antenatal steroid<sup>\*\*</sup> = 1), a BW of 600 g ( $BW^* = -6.33$ ), with 3 days of MV ( $MV^* = -0.035$ ), who received surfactant

(surfactant<sup>\*\*</sup> = 1), was treated for PDA (PDA<sup>\*\*</sup> = 1) and had no proven infection (infection<sup>\*\*</sup> = 0), the score would be **0.7** and the risk of developing BPD28 would be **66.3%**. If the score was calculated for the same patient 1 week later after an additional 7 days of MV, the score would increase to **1.6** and therefore the probability to develop BPD would be **83%**. As another example, the BPD36 risk score for this same premature infant born with 3 days of MV ( $MV^* = 0.35$ ), who received surfactant (surfactant<sup>\*\*</sup> = 1), and was treated for PDA (PDA<sup>\*\*</sup> = 1) without infection (infection<sup>\*\*</sup> = 0) would be  $-1.21$  and the risk of developing BPD36 would be 22.89%. This risk would increase to 48.65% if the duration of MV increased to 10 days.

The original article has been corrected.

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