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# Corrigendum: Association between amoxicillin administration and outcomes in critically ill patients with acute kidney injury

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## KEYWORDS

acute kidney injury, amoxicillin, intensive care unit, mortality, acute kidney disease

## A Corrigendum on Association between amoxicillin administration and outcomes in critically ill patients with acute kidney injury

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In the published article, there was an error in [Figure 2](#) as published. [Figure 2](#) contains superfluous elements. The corrected [Figure 2](#) and its caption appear below.

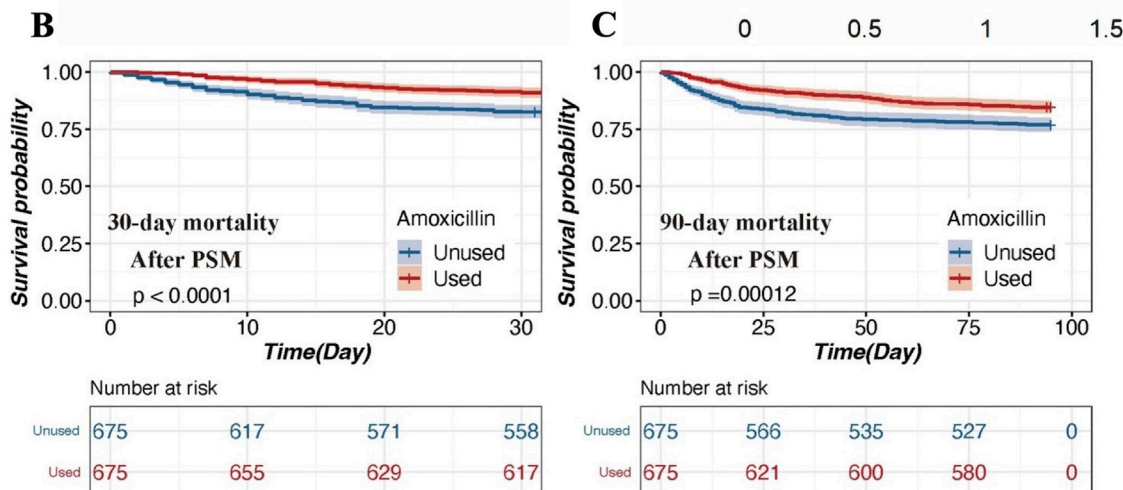
The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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**A**

Outcome	HR/MD (95%CI)	P value
<b>30-day mortality</b>		
Crude	HR 0.54 (0.42,0.70)	<0.001
Multivariable	HR 0.54 (0.42,0.69)	<0.001
PSM	HR 0.44 (0.32,0.61)	<0.001
IPTW	HR 0.50 (0.38,0.67)	<0.001
<b>90-day mortality</b>		
Crude	HR 0.68 (0.56,0.83)	<0.001
Multivariable	HR 0.64 (0.52,0.77)	<0.001
PSM	HR 0.53 (0.41,0.69)	<0.001
IPTW	HR 0.61 (0.49,0.75)	<0.001
<b>Acute kidney disease</b>		
Crude	HR 0.46 (0.35,0.61)	<0.001
Multivariable	HR 0.49 (0.36,0.65)	<0.001
PSM	HR 0.52 (0.36,0.77)	<0.001
IPTW	HR 0.49 (0.46,0.52)	<0.001
<b>Length of ICU stay</b>		
Linear	MD -0.24 (-0.61,0.13)	0.21
<b>Length of hospital stay</b>		
Linear	MD 1.95 (1.15,2.75)	<0.001



**FIGURE 2**  
 The association between amoxicillin administration and clinical outcomes in patients with AKI. **(A)** Association between amoxicillin administration and clinical outcomes. Four different methods were used to address the associations: 1) univariable Cox regression, 2) multivariable Cox regression, 3) propensity score matching, and 4) inverse propensity weighted modeling. **(B)** Kaplan–Meier survival curves of the amoxicillin group and non-amoxicillin group after PSM for 30-day mortality. **(C)** Kaplan–Meier survival curves of the amoxicillin group and non-amoxicillin group after PSM for 90-day mortality. Notes: HRs (95% CIs) were derived from Cox proportional hazards regression models. Covariates were adjusted as in the model II. The MDs (95% CIs) were derived from linear regression models. Covariates were adjusted as in the model II. Abbreviations: HR, hazard ratio; MD mean difference; PSM, propensity score matching; IPTW, inverse probability of treatment weighting; ICU, intensive care unit.