

CORRECTION

Open Access



Correction: Procalcitonin to reduce exposure to antibiotics and individualise treatment in hospitalised old patients with pneumonia: a randomised study

Gaëtan Gavazzi^{1,2,3*}, Sabine Drevet^{1,2}, Matthieu Debray⁴, Jean Luc Bosson^{5,6}, Fatah Tidadini⁷, Marc Paccalin⁸, Benoit de Wazieres⁹, Thomas Celarier^{10,11}, Marc Bonnefoy^{12,13} and Virginie Vitrat⁴

Correction: BMC Geriatrics 22, 965 (2022)
<https://doi.org/10.1186/s12877-022-03658-4>

After publication of this article [1], the authors reported that in Fig. 4, the legend of the PCT and control groups have been inverted; the figure should have appeared as shown below.

The original article can be found online at <https://doi.org/10.1186/s12877-022-03658-4>.

*Correspondence:

Gaëtan Gavazzi
ggavazzi@chu-grenoble.fr

¹ CHU Grenoble Alpes, B - Hôpital Nord, Av. des Maquis du Grésivaudan Service Universitaire de Gériatrie Clinique, La Tronche, 38700 Grenoble, France

² T-Raig, TIMC-IMAG, UMR 5525 Université Grenoble Alpes, Grenoble, France

³ Gérontopole AURA, Saint-Etienne, France

⁴ Centre Hospitalier Annecy Genevois, Pringy Metz-Tessy, France

⁵ MESP TIMC-IMAG UMR 5525, Université Grenoble Alpes/CNRS, Grenoble INP, Grenoble, France

⁶ Pôle de Santé Publique, CHU Grenoble Alpes, Grenoble, France

⁷ Département de chirurgie générale et digestive, CHU Grenoble Alpes, Grenoble, France

⁸ Pôle de Gériatrie, CHU de Poitiers, Poitiers, France

⁹ Service de Médecine Interne et Gériatrique, CHU de Nîmes, Nîmes, France

¹⁰ Chaire Santé des Ainés-Université Jean Monnet, Saint-Etienne, France

¹¹ Service de Gérontologie Clinique, CHU de Saint-Etienne, Saint-Etienne, France

¹² Service de Médecine Gériatrique, CHU Lyon, Groupement Hospitalier Sud, Pierre-Bénite, France

¹³ Inserm 1060-CarMeN, Oullins, France

The original article [1] has been corrected.

Published online: 30 March 2023

Reference

1. Gavazzi G, et al. Procalcitonin to reduce exposure to antibiotics and individualise treatment in hospitalised old patients with pneumonia: a randomised study. BMC Geriatrics. 2022;22:965. <https://doi.org/10.1186/s12877-022-03658-4>.



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

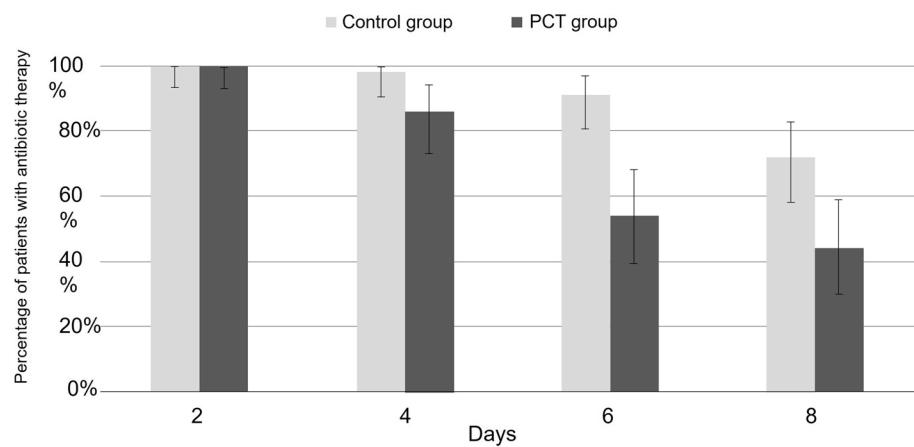


Fig. 4 Percentage of patients exposed to antibiotic therapy per randomised group ($N=107$). D: day; PCT: procalcitonin