ERRATUM

THERAPY IN ENDOCRINE DISEASE: Etomidate in the management of hypercortisolaemia in Cushing's syndrome: a review

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The authors apologise for the publication of an error in Table 2 of this article published in the *European Journal of Endocrinology* **167** 137–143. They wish to make clear in Table 2 that they are stipulating the dose of etomidate and that the corresponding dose of hydrocortisone for complete blockade should be 0.5–1.0 mg/h. The correct table is published in full below.

This table could now be used as a practical guide for clinicians commencing infusions on the ward of etomidate and required hydrocortisone replacement.

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Table 2 Treatment of hypercortisolism with etomidate: Recommendations.

Infusion rate options	Blockade	Cortisol level	Biochemical monitoring	Other
Etomidate (IV) 0.04–0.05 mg/kg per h=2.5–3.0 mg/h	Partial to complete depending on clinical circumstance of the patient	Titrate to serum cortisol 500–800 nmol/l in physiologically stressed patient, 150–300 nmol/l in non-physiologically stressed patient	Potassium level Cortisol level	Sedation scoring initially every two hours then every 12 hours after first 24 hours
Hydrocortisone IV 0.5–1.0 mg/h	Complete (will need steroid replacement)	< 150 nmol/l	Potassium level Cortisol level	