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## ERRATA

**Tsujii N, Shiraishi I, Kokame K, et al. Severe Hemolysis and Pulmonary Hypertension in a Neonate With Upshaw-Schulman Syndrome. *Pediatrics*. 2016;138(6):e20161565**

Errors occurred in the article by Tsujii et al, titled “Severe Hemolysis and Pulmonary Hypertension in a Neonate With Upshaw-Schulman Syndrome” published in the December 2016 issue of *Pediatrics* (2016;138(6):e20161565;doi:10.1542/peds.2016-1565).

On page e1, under author contributions, the text reads “Dr Shraishi contributed to.” This should have read: “Dr Shiraishi contributed to.”

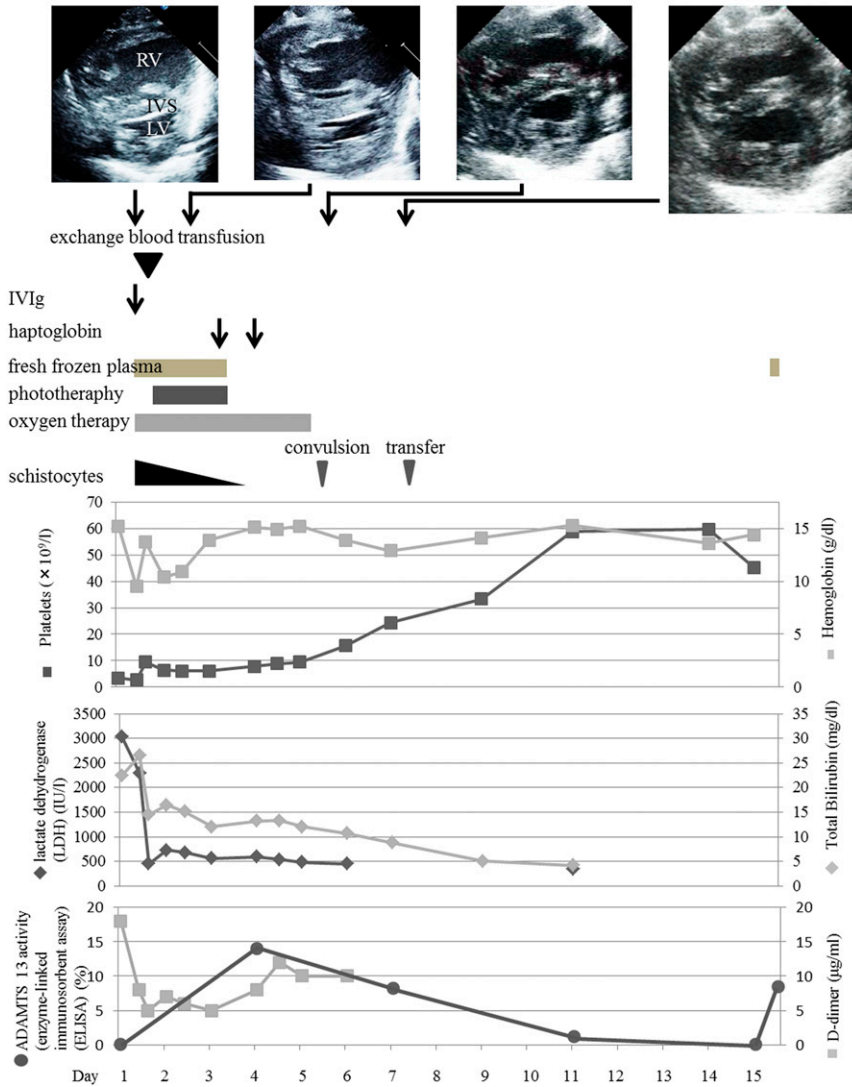
On page e3, in Fig 1, the text “D-dimer ( $\mu\text{g/mL}$ )” is printed in red. This should have printed in black. A replacement Fig 1 is provided here.

On page e4, in Table 6, on line 6, the text reads: “ $3 \times 10^9/\text{L}$ ”. This should have read: “ $3 \times 10^9/\text{L}$ ”.

On page e5, the underline in Fig 2 is slight shifted. A replacement Fig 2 is provided here.

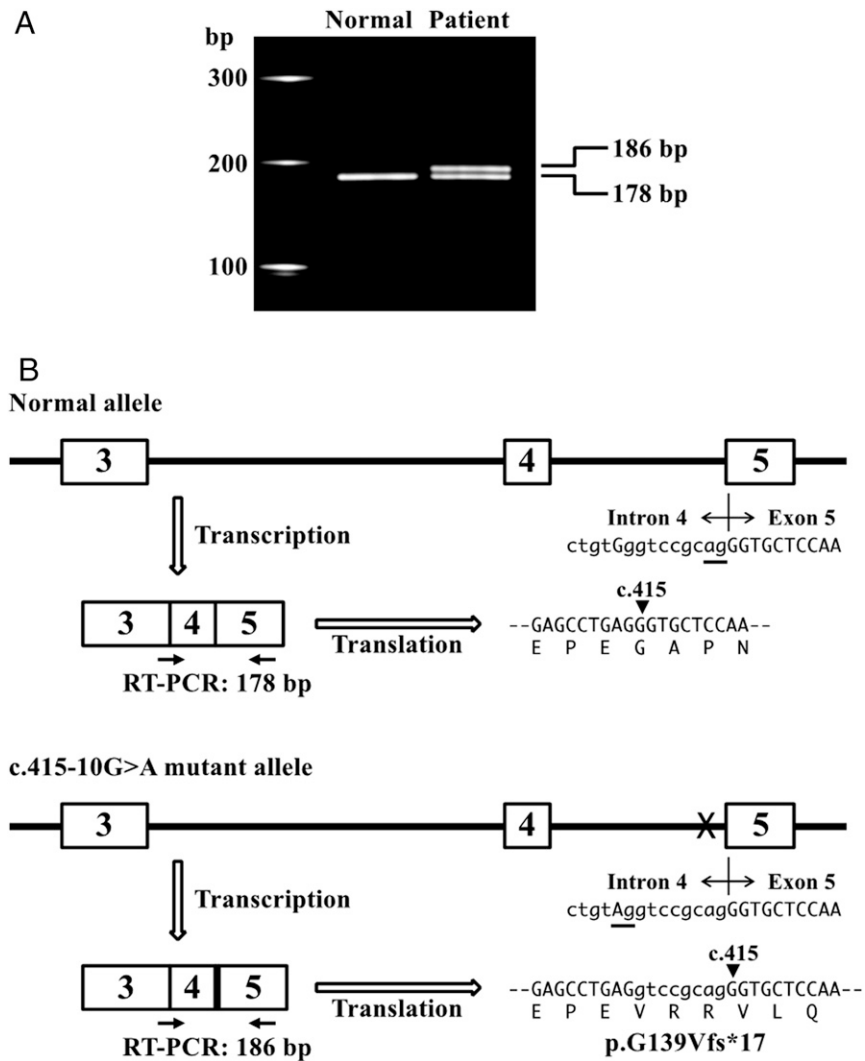
doi:10.1542/peds.2016-4105

short axis view of TTE



**FIGURE 1**

Clinical course and echocardiography findings. The upper panel shows TTE results. On days 1 and 3, the intraventricular septum (IVS) bows into the left ventricle (LV). This finding is not seen on days 5 and 7. IVIg, intravenous immunoglobulin; RV, right ventricle.



**FIGURE 2**

The c.415-10G>A mutation results in aberrant splicing. A, RT-PCR. The upper band (186 bp) was detected in patient RNA but not in normal subject RNA. B, the c.415-10G>A mutation resulted in a new splice acceptor site (underlined) and aberrant splicing, which caused the frame shift mutation.

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The online version of this article, along with updated information and services, is located on the World Wide Web at:

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