



## Correction to: Association of initial prednisolone dose with remission, relapse, and infectious complications in adult-onset minimal change disease

Kaori Tanabe<sup>1,2</sup> · Ken-ichi Samejima<sup>1</sup> · Fumihiko Fukata<sup>1,3</sup> · Takaaki Kosugi<sup>1,4</sup> · Hideo Tsushima<sup>1,5</sup> · Katsuhiko Morimoto<sup>3,4</sup> · Keisuke Okamoto<sup>1,5</sup> · Masaru Matsui<sup>1,3</sup> · Masahiro Eriguchi<sup>1</sup> · Naoki Maruyama<sup>3</sup> · Yasuhiro Akai<sup>1,2</sup> · Kazuhiko Tsuruya<sup>1</sup>

© The Author(s), under exclusive licence to The Japanese Society of Nephrology 2022

### Correction to:

**Clinical and Experimental Nephrology (2022) 26:29–35**  
<https://doi.org/10.1007/s10157-021-02119-3>

In the original publication, the author has found few errors. The corrections are given below:

1. In the Abstract under Method section, the text “patients with MCD diagnosed by renal biopsy from 1981 to 2015 in whom PSL monotherapy was performed as the initial treatment” should read as “patients with MCD diagnosed by renal biopsy from 1981 to 2015 in whom PSL therapy was performed as the initial treatment”.
2. “In the Inclusion/exclusion criteria section, the text Inclusion criteria were as follows: (1) diagnosis of MCD; (2) > 15 years of age; and (3) initial treatment with steroids alone” should read as “In the Inclusion/exclusion criteria section, the text Inclusion criteria were as follows: (1) diagnosis of MCD; (2) > 15 years of age; and (3) initial treatment with steroids”.
3. Under the section Discussion, the text “Second, this study excluded individuals who received immunosuppressive therapy at the start of treatment; therefore, there may have been a bias toward not including patients with severe MCD. Third, because MCD patients experience early remission, some patients do not go to the hospital after remission. Therefore, they may not have noticed if there had been a relapse. Fourth, this was an observational study, and lower steroid doses may have been given to high-risk individuals” should read as “Second, because MCD patients experience early remission, some patients do not go to the hospital after remission. Therefore, they may not have noticed if there had been a relapse. Third, this was an observational study, and lower steroid doses may have been given to high-risk individuals”.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

The original article can be found online at <https://doi.org/10.1007/s10157-021-02119-3>.

✉ Ken-ichi Samejima  
ksame@narmed-u.ac.jp

<sup>1</sup> Department of Nephrology, Nara Medical University, 840 Shijo-cho, Kashihara, Nara 634-8521, Japan

<sup>2</sup> Department of Community-Based Medicine, Nara Medical University, Nara, Japan

<sup>3</sup> Department of Nephrology, Nara Prefecture General Medical Center, Nara, Japan

<sup>4</sup> Department of Nephrology, Nara Prefecture Seiwa Medical Center, Nara, Japan

<sup>5</sup> Department of Nephrology, Saiseikai Suita Hospital, Suita, Japan