

## Erratum

The original article *Hemoglobin sickle cell disease complications: a clinical study of 179 cases* (Haematologica 2012;97(8):1136-41) by Lionnet F, Hammoudi N, Stojanovic NS, Avellino V, Grateau G, Girot R, and Haymann J-P, was published with an incorrect title and abstract due to a production error. The correct title and abstract are reported below. We apologize to the authors and readers.

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### **Hemoglobin SC disease complications: a clinical study of 179 cases**

#### **Background**

Hemoglobin SC disease is one of the most frequent hemoglobinopathies. Surprisingly, few studies have been dedicated to this disease, currently considered to be a mild variant of homozygous SS disease. The aim of this study was to update our knowledge about hemoglobin SC disease.

#### **Design and Methods**

The study involved a single center series of 179 patients. Clinical and biological data were collected with special attention to the assessment of pulmonary arterial hypertension and nephropathy.

#### **Results**

Hemoglobin SC diagnosis was delayed and performed in adulthood in 29% of cases. Prevalence of hospitalized painful vasoocclusive crisis, acute chest syndrome and priapism was 36%, 20% and 20%, respectively. The most common chronic organ complications were retinopathy and sensorineural otological disorders in 70% and 29% of cases. Indeed, prevalence of complications reported in homozygous SS disease, such as nephropathy, suspicion of pulmonary hypertension, strokes and leg ulcers was rather low (13%, 4% and 1%, respectively). Phlebotomy performed in 36% of this population (baseline hemoglobin 11.5 g/dL) prevented recurrence of acute events in 71% of cases.

#### **Conclusions**

Our data suggest that hemoglobin SC disease should not be considered as a mild form of sickle cell anemia but as a separate disease with a special emphasis on viscosity-associated otological and ophthalmological disorders, and with a low prevalence of vasculopathy (strokes, pulmonary hypertension, ulcers and nephropathy). Phlebotomy was useful in reducing acute events and a wider use of this procedure should be further investigated.