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Corrigendum

Corrigendum: Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: Current Management

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After publication, the authors of the third European evidence-based consensus on diagnosis and management of ulcerative colitis (part 2: current management) have been made aware of one error in referencing in section '11.2.2. Left-sided colitis'. The error has been corrected in the article and the revised paragraph reads as follows.

Oral beclomethasone dipropionate is non-inferior, but not better tolerated, than prednisone after 4 weeks' treatment.[32] Oral non-MMX budesonide does not appear to be efficient in the treatment of UC.[33,37] Two phase 3 randomised controlled trials (RCTs) (Core I and Core II)[34,35] have compared oral budesonide MMX 9 mg/day with placebo in patients with mild to moderate left-sided and extensive UC. The 8-week combined clinical and endoscopic remission rates were 20.3% vs 3.2% ($P = 0.0018$); and endoscopic healing rates were 27.6% vs 17.1% ($P = 0.009$), for budesonide MMX and placebo, respectively.[36] In the Core I trial, budesonide MMX was also compared with oral Asacol at a dose of 2.4 g/day, and no difference was found.[34] In the Core II trial, budesonide MMX was also compared with non-MMX budesonide, and no difference was found[35]—although the study was not adequately powered to do so. Subgroup analysis of both trials demonstrated that the benefit of budesonide MMX is confined to left-sided disease and not extensive colitis.[36] A randomised trial has compared oral budesonide MMX with placebo in patients with mild to moderately active UC inadequately controlled with oral 5-ASA. Budesonide MMX 9 mg/day induced clinical, endoscopic, and histological remission at Week 8 more frequently than placebo,[38] providing evidence for an alternative therapy to escalating to conventional steroids. However, there has been no head-to-head comparative trial between budesonide MMX and conventional steroids.[39]