Editors' Picks

Journal of Investigative Dermatology (2015) **135,** 2901; doi:10.1038/jid.2015.228, published online 16 July 2015

Correction to: *Journal of Investigative Dermatology* (2015) **135**, 648; doi:10.1038/jid.2014.540

The text of the paragraph entitled "An ounce of prevention" should appear as follows. The journal regrets the error.

Cellulitis of the lower extremities is associated with significant morbidity and health care costs. Importantly, a considerable number of patients (estimates of 16–30%) who had a first episode of erysipelas or uncomplicated cellulitis experience infection recurrence. In an attempt to determine whether prophylactic antibiotic use is effective in preventing recurrent cellulitis, Oh and colleagues performed a systematic review and meta-analysis of studies predating 2012. Five studies comprising 535 participants were culled from databases. Results from two high-quality (PATCH) studies and three lower-quality studies indicated that prophylactic antibiotics were beneficial for preventing cellulitis (RR of 0.46, 95% CI 0.26–0.79). Although the small number of included studies was heterogeneous, these findings support antibiotic prophylaxis against recurrent cellulitis because these antibiotics were generally well tolerated. (*J Infect* **69**:26–34, 2014) *Selected by H. Williams*.

Cell Surface CD74–MIF Interactions Drive Melanoma Survival in Response to Interferon-γ

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Expanding the Psoriasis Disease Profile: Interrogation of the Skin and Serum of Patients with Moderate-to-Severe Psoriasis

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Journal of Investigative Dermatology (2015) **135,** 2901–2902; doi:10.1038/jid.2015.220, published online 25 June 2015

Correction to: *Journal of Investigative Dermatology* (2012) **132,** 2552–2564; doi:10.1038/jid.2012.184; published online 5 July 2012

It was brought to the authors' attention that the description of a sensitive assay to measure serum levels of IL17 in blood was not clearly explained in the text. This sensitive assay is run only for this marker, and in the text the authors fail to state this. These updates pertain to three sections of the text, as shown below (updates in bold). The authors regret the error.

RESULTS

The transcriptome of "moderate-to-severe" psoriasis plaques contains 4,175 differentially expressed transcripts

Using gene array, we did not detect increased expression of many T-cell-produced cytokines, e.g., IFN-γ, IL-17, or IL-22, which consistently have been increased in psoriasis plaques, when measured by real-time reverse transcriptase PCR (RT-PCR) methods (Suárez Fariñas *et al.*, 2010). **However by using a more sensitive technique, single molecule counting, we were able to quantify IL-17, at levels seven times higher in psoriatic patients than in normal controls, *P*-value <0.001 (Supplementary Figure S2 online).** Hence, we also measured a set of disease-related cytokine mRNAs by RT-PCR in lesional and non-lesional tissues from this group of patients (Supplementary Table S3 online). As expected, we detected much greater expression of mRNAs encoding IL-23 (p40 and p19 subunits), IFN-γ, IL-17, and IL-22 in lesional versus non-lesional biopsies, with expression in psoriasis lesions ranging from 3.6-fold to 120-fold (*P*-values ranging from 10^{-11} to 10^{-29}) when measured by RT-PCR, but generally <2-fold on gene arrays. Hence, despite a large dynamic range to measure gene expression (16 logs), microarrays are unreliable for detecting quantitative differences in expression of these primary cytokine mRNAs generally found in low (~2 log values) levels (Suárez Fariñas *et al.*, 2010).