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CORRECTION

Correction to: Endocrine and metabolic aspects of the COVID-19 pandemic

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While preparing the manuscript an error in the reorganization of a section altered its correct presentation. In that way the first 11 lines of section 7 of the paper should read:

As previously reported by Pal and Banerjee (65) few data on possible effects of coronaviruses on the thyroid are available. Thyroid hormones were reported to be decreased in patients affected by SARS during acute infection and recovery suggesting an euthyroid sick syndrome.

However, damaged but not reduced in size thyroid cells were found at an autoptic study on five SARS patients [71,72]. Functional and pathological thyroid data in COVID-19 are in the process to be collected [65].

Regarding Graves' disease, COVID-19 can be a precipitating factor for initiation or relapse of the disease (M. Marazuela, personal experience). Several medical societies have recommended to take special care to patients with hyperthyroidism receiving antithyroid drugs, because symptoms of the rare side effect of agranulocytosis can overlap with COVID-19. In this scenario, if symptoms of COVID-19, agranulocytosis should be ruled out immediately with a full blood count.

ORIGINAL TEXT

Data on thyroid involvement by coronavirus are most scarce. A study conducted during the SARS outbreak in 2003 had reported that serum Triiodothyronine and thyroxine levels were lower in patients with SARS as compared to controls, both during the acute and convalescent phases. This could simply imply an underlying euthyroid sick syndrome. However, a study of the autopsy in five patients with SARS has shown marked destruction of the follicularand parafollicular thyroid cells [71] and not a reduction in thyroid follicular size associated with euthyroid sick syndrome [72]. Destruction of follicular cells may also be identified as a low triiodothyronine and thyroxine profile. Data on thyroid function or thyroid pathology are yet not available in COVID-19 [65].

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