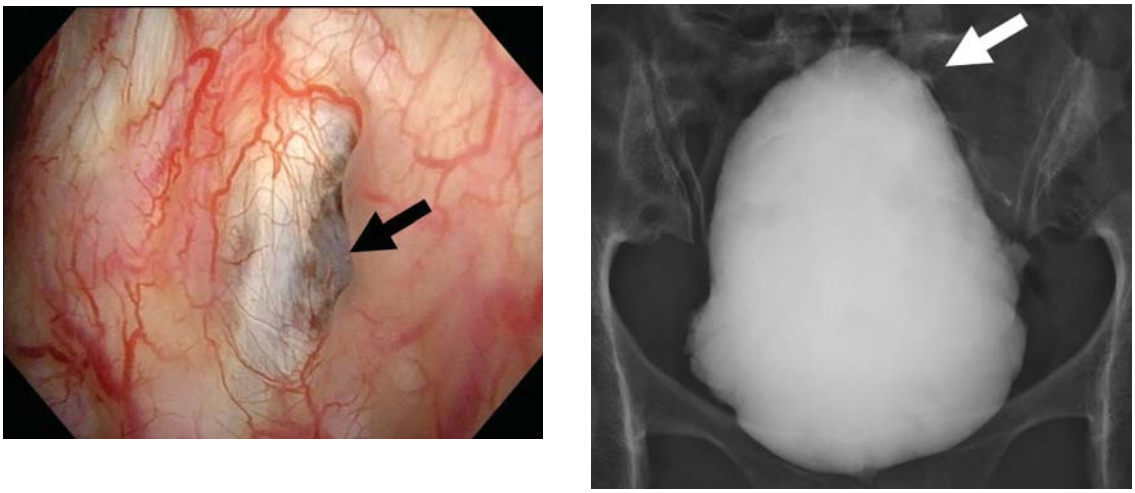

Figure 2. Left, cystoscopy showed thinning of the bladder wall with a fistula (black arrow). Right, cystography showed intraperitoneal leakage of contrast medium from the bladder (white arrow).

der exceeds 60 Gy, radiation cystitis may occur, leading to bladder fistula.[3] Effects of radiation on the bladder are usually seen within 2 to 4 years[3] but may occur long after the completion of radiation therapy—10 years[2] or even 30 to 40 years later.[4] Therefore, ascites of unknown origin in a patient with a history of pelvic radiation therapy should lead to an evaluation for late radiation cystitis and urinary ascites from bladder rupture.

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CORRECTION

Update on VTE

SUPPLEMENT 3 DECEMBER 2017

In the article, "Update on the management of venous thromboembolism" (Bartholomew JR, Cleve Clin J Med 2017; 84[Suppl 3]:39–46), 2 sentences in the text regarding dose reduction for body weight have errors. The corrected sentences follow:

On page 42, left column, the last 5 lines should read: "The recommended dose should be reduced to 2.5 mg twice daily in patients that meet 2 of the following criteria: age 80 or older; body weight of 60 kg or less; or with a serum creatinine 1.5 mg/dL or greater."

And on page 42, right column, the sentence 10 lines from the top should read: "Edoxaban is given orally at 60 mg once daily but reduced to 30 mg once daily if the CrCL is 30 mL/min to 50 mL/min, if body weight is 60 kg or less, or with use of certain P-glycoprotein inhibitors."