



## Small intestinal malabsorption in chronic alcoholism determined by $^{13}\text{C}$ -d-xylose breath test and microscopic examination of the duodenal mucosa

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the gut of up to 60% of patients [1] and AL type up to 8% [2].

The diagnosis of intestinal amyloidosis can be difficult to make especially in patients without predisposing risk factors. As in the case AL amyloid has a propensity to affect the muscularis propria [3], which in this case prevented diagnosis with endoscopic biopsy. Associated features such as cardiac failure, nephrotic syndrome, carpal tunnel syndrome or musculoskeletal involvement can aid the diagnostic process.

## References

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- [3] Tada S, Lida M, Yao T, Kitamoto T, Yao T, Fujishima M. Intestinal pseudo-obstruction in patients with amyloidosis: clinicopathologic differences between chemical types of amyloid protein. *Gut* 1993;34:1412–7.

## ERRATUM

### Small intestinal malabsorption in chronic alcoholism determined by $^{13}\text{C}$ -D-xylose breath test and microscopic examination of the duodenal mucosa

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When the article was published in the January issue, an incorrect version of Figure 1 was included. The number of alcoholics was incorrectly shown as 60 when the correct number was 14. The symbols in the figure to represent healthy controls and untreated coeliacs had been reversed.

The corrected version of the figure is shown below.

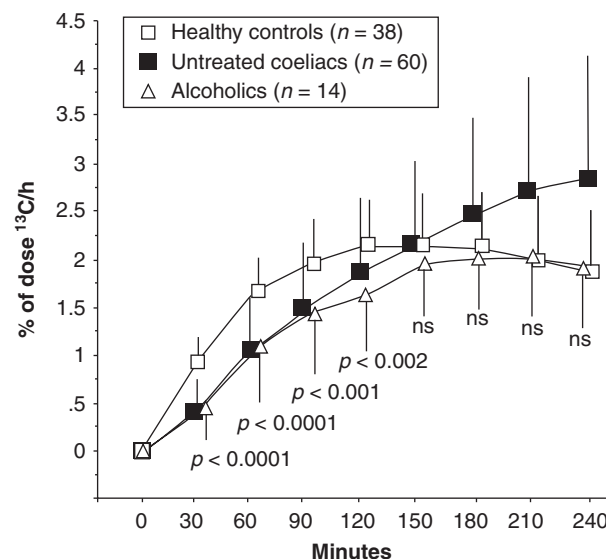


Figure 1. The time curve of the  $^{13}\text{C}$ -D-xylose breath test (mean and SD) displaying a significantly reduced  $^{13}\text{CO}_2$  exhalation during the first 2 h in the group of alcoholics compared to healthy controls.