

ERRATA

In the edition of volume 22 (1): 61 there was an error in the abstract of the article. ABCD apologizes to authors and makes the correction.

ABSTRACT – **Background** – The differential diagnosis of the unconscious patient must always include hyperosmolar hyperglycemic non-ketotic hypothesis. **Case report** – A 22 year-old woman, ABO – O+ with history of fatigability and jaundice. Physical examination revealed a markedly jaundice patient. Fulminant hepatic failure was the diagnostic. Liver transplant was performed from a brain- dead cadaver donor with success. Arterial hepatic thrombosis was considered one week after liver transplant and confirmed with Doppler-US. The hepatic retransplant occurred without problems. After two days of liver transplant the serum glucose was 600 mg/dl and unconsciousness. Hyperosmolar coma was controlled and treated with succes for 48 h. The patient left the hospital after 30 days of liver transplantation without diabetes. **Conclusion** – Hyperosmolar coma is an rare event after liver transplant. The early recognition and treatment of this disorder should result in improvement of evolution.

HEADINGS – Liver transplantation. Hyperosmolar. Hyperglycemic.