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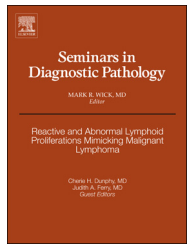

Erratum

Erratum to "Pathology and differential diagnosis of chronic, noninfectious gastritis" [Seminars in Diagnostic Pathology 31 (2014) 114–123]

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The publisher regrets that there were some errors in the figure legends of the article mentioned above. The correct figure legends are given below.

The publisher would like to apologize for any inconvenience caused (Figs. 1–3).

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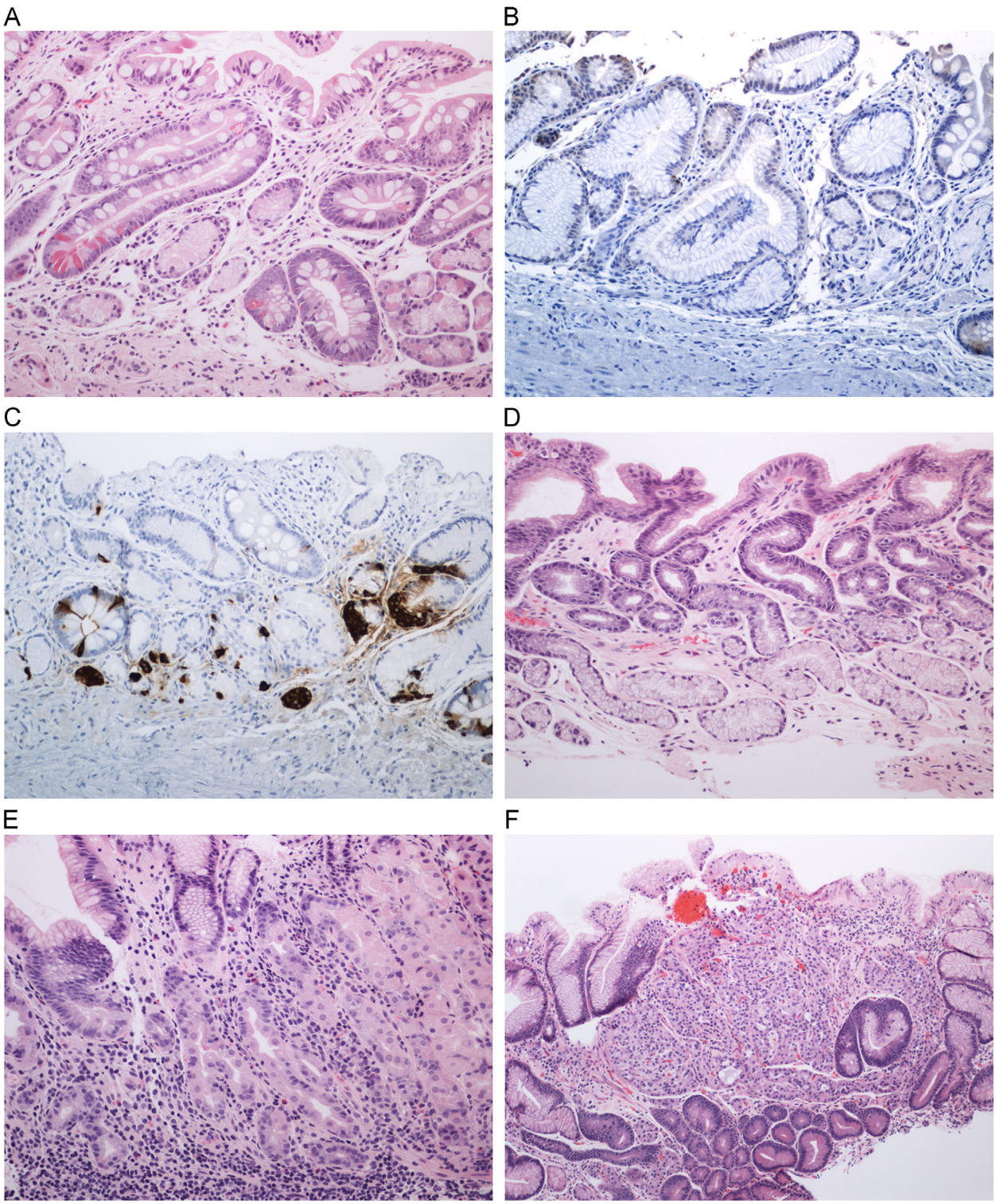

Fig. 1 – Histopathologic features of autoimmune atrophic gastritis. (A) A biopsy from the gastric body shows mild chronic inflammation and extensive intestinal and pancreatic metaplasia. Note the complete absence of parietal cells, which may make it difficult to recognize the site of the biopsy. (B) An immunohistochemical stain performed on the same sample is negative for gastrin, confirming the site of the biopsy as the gastric body. (C) An immunohistochemical stain for chromogranin highlights linear and micronodular ECL cell hyperplasia, which is practically diagnostic of autoimmune gastritis in the context of mucosal atrophy. (D) An antral biopsy from the same patient is essentially normal. (E) Early autoimmune gastritis displays a dense lymphoplasmacytic infiltrate in the deep lamina propria with destruction of oxyntic glands and compensatory hypertrophy of remaining parietal cells in the upper right corner. (F) A patient with long-standing autoimmune gastritis has a well-differentiated, type 1 endocrine tumor. ((A) and (D–F): H&E-stained sections; (B) and (C): immunohistochemical stain for gastrin and chromogranin, respectively; and original magnification: 100× in (F) and 200× in (A–E)).