In patients who presented within 2 weeks of commencing clozapine, 80% exhibited a hypersensitivity reaction. In those who presented late, symptoms developed up to 3 months after starting clozapine. Fever was present in 80% but, surprisingly, none reported skin rash or arthralgia. Proteinuria was detected in 80% of cases, but only four patients had red blood cells in the urine. Eosinophilia was present in half of the patients only. Four patients had the diagnosis of AIN confirmed by histology. A phenomenon is observed wherein the effect of clozapine on the kidney can be potentiated by the concomitant use of antibiotics, especially those that are known to have higher risks of interstitial damage, such as the penicillin derivatives.<sup>6</sup> In our patient, the temporal relationship between the initiation of clozapine and the development of acute kidney injury matched the time frame described in the literature. In addition, the presence of fever, eosinophilia, and eosinophiluria also raised the possibility of clozapine-induced AIN, subsequently confirmed by histology. The renal function of our patient also improved spontaneously after removing the index medication.

In conclusion, this case highlights the rare but important potential side-effect of clozapine.

In addition to monitoring cell counts, regular monitoring of renal function is recommended after initiation of clozapine. Early involvement of nephrologists can provide early recognition of this entity with prompt investigation and treatment.

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## Corrigendum

"Eczema therapeutics in children: what do the clinical trials say?" (June 2015;21:251-60). On page 256 (right column, line 15), the sentence should have read "Recently, El-Khalawany et al<sup>87</sup> published the first RCT study comparing low-dose MTX (7.5 mg/week) and CsA (2.5 mg/kg/week) in 40 Egyptian children with severe AD." rather than "Recently, El-Khalawany et al<sup>87</sup> published the first RCT study comparing low-dose MTX (7.5 mg/kg/week) and CsA (2.5 mg/kg/week) in 40 Egyptian children with severe AD." rather than "Recently, El-Khalawany et al<sup>87</sup> published the first RCT study comparing low-dose MTX (7.5 mg/kg/week) and CsA (2.5 mg/kg/week) in 40 Egyptian children with severe AD." as printed. We regret the error. The article is correct at www. hkmj.org.