

employed to identify the presence of macroenzymes include electrophoresis, immunoinhibition, immunoprecipitation, measurements of heat stability, and chromatography.^{2,3} Typically, a combination of these techniques is used to improve the diagnostic accuracy.³

Conclusion

Despite the rarity of the condition, macro-AST should be suspected when extensive investigations are unable to identify the cause of persistent isolated elevated serum AST level in an otherwise asymptomatic patient.¹ It should be considered that this is a benign condition and a high index of suspicion may obviate the need for unnecessary extensive investigations. Macroenzymes are associated with not only AST, but also CK, LDH, amylase, and other enzymes.

Author contributions

All authors had full access to the data, contributed to the study, approved the final version for publication, and take responsibility for its accuracy and integrity.

Concept or design: All authors.

Acquisition of data: All authors.

Analysis or interpretation of data: All authors.

Drafting of the article: KHK Luk, YT Hui.

Critical revision for important intellectual content: All authors.

Conflicts of interest

All authors have disclosed no conflicts of interest.

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Ethics approval

The patient was treated in accordance with the Declaration of Helsinki. The patient provided informed consent for all procedures.

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CORRECTION

Correction to: Secondary prevention of fragility fractures: instrumental role of a fracture liaison service to tackle the risk of imminent fracture

In the Figure of this article by Ronald MY Wong et al (Hong Kong Med J 2019;25:235-42, <https://doi.org/10.12809/hkmj187593>), the word “prevention” was misspelled as “prevention”.

The online article at www.hkmj.org has been corrected.