

Retraction notice to: “Remission of Subacute Psychosis in a COVID-19 Patient With an Antineuronal Autoantibody After Treatment With Intravenous Immunoglobulin” by Lindsay S. McAlpine, Brooke Lifland, Joseph R. Check, Gustavo A. Angarita, Thomas T. Ngo, Samuel J. Pleasure, Michael R. Wilson, Serena S. Spudich, Shelli F. Farhadian, and Christopher M. Bartley. *Biological Psychiatry* 2021; 90:e23–e26; <https://doi.org/10.1016/j.biopsych.2021.03.033>.

This article has been retracted at the request of corresponding author Christopher Bartley, with agreement from all authors and with approval from *Biological Psychiatry* Editor John H. Krystal, M.D. See Elsevier Policy on Article Withdrawal (<http://www.elsevier.com/locate/withdrawalpolicy>).

After this article was published, the authors determined that two cerebrospinal fluid (CSF) samples were inadvertently confused, resulting in publication of the wrong COVID-19 patient’s immunostaining data. The authors determined that the two CSF samples came from COVID-19 patients with sequential case identifiers (i.e., one identifier ended in a “5” and the other in a “6”).

To determine whether the published immunostaining results were produced by CSF from another COVID-19 patient, the

authors reperformed the mouse brain immunostaining experiments using additional aliquots of stored CSF from the two research participants in question, as well as with the remaining CSF that had been used in the publication. After repeating the immunostaining with these CSF samples, two blinded raters were able to state unequivocally that the CSF samples from the two COVID-19 patients had been confused.

Therefore, while the clinical features of the case report are accurate and unaffected, the research data belong to another COVID-19 research participant, not the one described in the published case report.

The authors voluntarily informed the *Journal* of this honest error upon its discovery. All authors agree to retract this paper and sincerely apologize for having allowed the incorrect images to be published with this case report.

To avoid misinterpretation of the research findings, both the editors and authors concur that the only proper course of action was to retract this version of the paper. However, this COVID-19 psychosis case remains of clinical interest because of the patient’s clear response to immunotherapy. Therefore, the authors are revising the paper, which the *Journal* will consider further for publication.

<https://doi.org/10.1016/j.biopsych.2022.07.002>

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