



## CORRECTION

# Correction: Monitoring cerebral oxygenation of the immature brain: a neuroprotective strategy?

Frank van Bel<sup>1</sup> and Jonathan P. Mintzer<sup>2</sup>

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The original version of this article contained an error in the legend of Fig. 3, which incorrectly read:

Figure 3. **a** The patterns of arterial saturation (SaO<sub>2</sub>; orange), and rScO<sub>2</sub> (blue) and mean arterial blood pressure (MABP; red) of an extremely preterm infant on postnatal day 1. The initial rScO<sub>2</sub> values were very low (red box). These low values seemed to be associated with PaCO<sub>2</sub> values below 30 mmHg (brown squares; starting at 24 mmHg. SaO<sub>2</sub> and MABPs values were always normal. When PaCO<sub>2</sub> values increased above values of 30 mmHg (brown arrow) the rScO<sub>2</sub> increased and eventually normalized. **b** The patterns of rScO<sub>2</sub> (blue) and mean arterial blood pressure (MABP;

red) of a very preterm girl, starting on postnatal day 1, was especially marked by a steep decrease in cerebral oxygenation (rScO<sub>2</sub>; red box) to very low values (<40%). Echocardiographic investigation early on postnatal day 2 revealed a hemodynamically significant ductus arteriosus. Subsequent ductal closure with indomethacin (2 courses) was followed by normalization of cerebral oxygenation. **c** The patterns of heart rate (HR), arterial saturation (SaO<sub>2</sub>) and rScO<sub>2</sub> (red box) in a preterm neonate with severe anemia. The rather low rScO<sub>2</sub> recovered following packed red blood cell transfusion (courtesy Prof. Gunnar Nauelaers, UZ Leuven).

This has been corrected in both the PDF and HTML versions of the article.

<sup>1</sup>Department of Neonatology, University Medical Center Utrecht, Utrecht, The Netherlands and <sup>2</sup>Division of Neonatal-Perinatal Medicine, Stony Brook Children's Hospital, Stony Brook, NY, USA

Correspondence: Frank Bel (f.vanbel@umcutrecht.nl)

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