CORRECTION



Correction: Nutraceuticals and biotics in pediatric gastrointestinal disorders

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Five references (143, 144, 145, 147 and 149) have been added to the original reference list. Starting from reference 143, the reference has been updated as follows:

143 Lubbad A, Oriowo MA, Khan I. Curcumin attenuates inflammation through inhibition of TLR-4 receptor in experimental colitis. Mol Cell Biochem 2009; 322: 127–135.

144 Liu L, Liu YL, Liu GX, Chen X, Yang K, Yang YX et al. Curcumin ameliorates dextran sulfate sodium-induced experimental colitis by blocking STAT3 signaling pathway. International Immunopharmacology 2013; 17: 314–320.

145 Bischoff SC, Escher J, Hébuterne X, Kłęk S, Krznaric Z, Schneider S et al. ESPEN practical guideline: Clinical Nutrition in inflammatory bowel disease. Clinical Nutrition 2020; 39: 632–653.

146 Loening-Baucke V, Miele E, Staiano A. Fiber (glucomannan) is beneficial in the treatment of childhood constipation. Pediatrics 2004; 113: e259-264.

147 Chmielewska A, Horvath A, Dziechciarz P, Szajewska H. Glucomannan is not effective for the treatment of functional constipation in children: a double-blind, placebo-controlled, randomized trial. Clin Nutr 2011; 30: 462–468.

148 Cassettari VMG, Machado NC, Lourenção PLT de A, Carvalho MA, Ortolan EVP. Combinations of laxatives and green banana biomass on the treatment of functional constipation in children and adolescents: a randomized study. J Pediatr (Rio J) 2019; 95: 27–33.

149 Krupa-Kozak U, Drabińska N, Jarocka-Cyrta E. The effect of oligofructose-enriched inulin supplementation on gut microbiota, nutritional status and gastrointestinal symptoms in paediatric coeliac disease patients on a gluten-free diet: study protocol for a pilot randomized controlled trial. Nutr J 2017; 16: 47.

150 Kline RM, Kline JJ, Di Palma J null, Barbero GJ. Enteric-coated, pH-dependent peppermint oil capsules for the treatment of irritable bowel syndrome in children. J Pediatr 2001; 138: 125–128.

The reference numbering in tables 2 and 3 has been adjusted accordingly.

The tables from the original article are given below:

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 Table 2 Prebiotics, probiotics and synbiotics targeting functional constipation in pediatric age.

Biotic	Author, year	Dosage	Duration	Population and age
PREBIOTICS				
INULIN	Closa- Monasterolo et al., 2017 ⁸⁴	2 g/day	6 weeks	Constipated children aged 2–5 years
	Lohner et al., 2018 ⁸⁴	6 g/day	24 weeks	Children aged 3–7 years
FOS AND GOS	Shahramian et al., 2018 ⁸⁵	Formula supplemented with a 90% short-chain GOS and 10% long-chain FOS	From birth to 12 months	Healthy-term infants
PSYLLIUM	No data in pediatric age			
GLUCOMANNAN	Staiano et al., 2000 ⁸⁷	100 mg/kg of body weight	12 weeks	Neurologically impaired children with chronic constipation aged 5.7 ± 4.2 (mean \pm SD) years old
	Loening- Bucke et al., 2004 ¹²⁷	100 mg/kg of body weight daily (maximal 5 g/day) with 50 mL fluid/500 mg	4 weeks	Children with chronic functional consti- pation aged 4.5–11.7 years
	Chmielewska et al., 2011 ¹²⁸	2,52 g/day	4 weeks	Children with chronic functional consti- pation aged 3–16 years
COCOA HUSK	Castillejo et al., 2006 ⁸⁹	Supplement not specified	4 weeks	Children with chronic functional consti- pation aged 3–10 years
GREEN BANANA	Casettari et al., 2019 ¹²⁹	Green banana biomass 30 g/day	8 weeks	Constipated children aged 5–15 years
FIBER MIXTURES	Kokke et al., 2008 ⁹⁰	3 g trans GOS, 3 g inulin, 1.6 g soy fiber, and 0.33 g resistant starch 3. Dosage: 10 g daily for <15 kg, 20 g daily for 15 kg–20 kg, 30 g daily for >20 kg	8 weeks	Constipated children aged 1–13 years
	Quitadamo et al., 2012 ⁹¹	Acacia fiber 67.7%, psyllium fiber 17.3% and fructose. Initial dose 16.8 g daily and increased up to 22.4 g if needed (0.5 g/kg body weight daily)	8 weeks	Children with chronic functional consti- pation aged 4–10 years
	Weber et al., 2014 ⁹²	FOS 10.5%, inulin 12.5%, gum Arabic 24%, resistant starch 9%, soy polysaccharide 33%, and cellulose 12%. Children <18 kg: 3.8 g (1 spoon of fiber) twice a day, >18 kg: 7.6 g of fiber (2 spoons) twice a day	4 weeks	Children with chronic functional consti- pation aged 4–12 years
PROBIOTICS				
	Bu et al., 2007 ⁹³	Lactobacillus casei rhamnosus (Lcr35) 8×10 ⁸ CFU daily	4 weeks	Children with chronic functional consti- pation <10 years
	Wojtyniak et al., 2017 ⁹⁴	Lactobacillus casei rhamnosus (Lcr35) 8×10 ⁸ CFU daily	4 weeks	Children with chronic functional consti- pation <10 years
	Jadrešin et al., 2018 ⁹⁵	One tablet daily containing freeze-dried <i>Lactobacillus</i> reuteri DSM 17938, was 1×10^8 CFU, isomalt, xylitol, sucrose distearate, hydrogenated palm oil, lemon-lime flavoring, and anhydrous citric acid	12 weeks	Children aged 2–18 years
	Wegner et al., 2018 ⁹⁶	One tablet daily containing freeze-dried <i>Lactobacillus</i> reuteri DSM 17938, was 1×10^8 CFU	8 weeks	Constipated children aged 3–7 years
	Coccorullo et al., 2010 ⁹⁷	Lactobacillus reuteri DSM 17938, was 1×10^8 CFU daily, in 5 drops of a commercially available oil suspension 30 min after feeding	8 weeks	Formula-fed infants >6 months of age
SYNBIOTICS				
	Khodadad et al., 2010 ⁹⁸	L. casei, L. rhamnosus, S. thermophilus, B. breve, L. acidophilus, B. infantis at the dose 1×10^9 CFU/1 sachet, and FOS	4 weeks	Children with chronic functional consti- pation aged 4–12 years
	Baştürk et al., 2017 ⁹⁹	L. casei, L. rhamnosus, L. plantarum, B. lactis $(4 \times 10^9 \text{ CFU})$ and prebiotics mixture (fiber, polydextrose, FOS, and GOS	4 weeks	Children with chronic functional consti- pation aged 4–18 years

Biotic	Author, year	Dosage	Duration	Population and age
	García Con- treras et al., 2020 ¹⁰⁰	L. reuteri DSM 17938 (1 \times 10 8 CFU) and 4 g of agave inulin	28 days	Children with cerebral palsy and chronic constipation aged 14–60 months
	Eghbali et al., 2023 ¹⁰¹	L. rhamnosus, L. casei, L. acidophilu, B. breve, L. bulgaricus, B. longum and S. thermophilus $(5\times10^9~\text{CFU})$ with FOS twice a day	7 days	Constipated children aged 5–15 years with acute lymphoblastic leukemia receiving maintenance chemotherapy

FOS fructo-oligosaccharides, GOS galacto-oligosaccharides, SD standard deviation, CFU colony forming units.

Table 3 Summary of possible pediatric indications and mechanisms of action of nutraceuticals and biotics in gastrointestinal disorders.

Active ingredient	Possible indications	Mechanism of action	Dosage
Saccharomyces boulardii ²²	Acute gastroen- teritis and diarrhea	Improvement of gut barrier function by restoring the tight junctions, pathogen competitive exclusion and production of antimicrobial peptides.	250–750 mg/day, for 5–7 days
Lacticaseibacillus rhamno- sus GG (LGG) ¹⁰⁸	Acute gastroen- teritis and noso- comial diarrhea	Improvement of gut barrier function by restoring the tight junctions, inhibits chloride secretion.	≥10 ¹⁰ CFU/day for 5–7 days for acute gastroenteritis at least 10 ⁹ CFU/day for nosocomial diarrhea for the duration of the hospital stay
Limosilactobacillus reuteri DSM 17938 ²⁴	Acute gastroenteritis	Induces oxidative stress on pathogens and is resistant to proteolytic and lipolytic enzymes, inhibits inflammatory mediators that suppress the production of TNF	1×10^8 to 4×10^8 CFU for 5 days
Curcumin ⁵⁴	IBD	Ability to scavenge oxygen free radicals (ROS) and reactive nitrogen species	Up to 4 g/day for induction and up to 2 g/day during maintenance
Oligofructose-enriched inulin ¹⁴³	Celiac disease	Increase in Bifidobacterium and a reduction in Lactobacillus concentration and stimulates Ca absorption	/
Inulin ^{97,98}	Functional constipation	Increase in Bifidobacterium and Lactobacillus	2 g/day for 6 weeks (children aged 2–5 years) 6 g/day for 24 weeks (children aged 3–7 years)
Fructo-oligosaccharides (FOS) and galacto- oligosaccharides (GOS) ⁹⁹	Functional constipation	Positively modify the relationship between symbiotic and pathogenic microorganisms	/
Glucomannan ¹⁴⁴	Functional constipation	Retain water forming a gel increasing stool bulk	100 mg/kg of body weight for ≥6 months
Cocoa Husk ¹⁰³	Functional constipation	Attract a large amount of water, thus making stools softer and improving intestinal transit	/
Green Banana ¹⁴⁵	Functional constipation	Regulation of bowel transit	30 g/day for 8 weeks
Peppermint oil ¹⁴⁶	Irritable bowel syndrome (IBS)	Spasmolytic effect	/
Ginger ¹³⁷	Nausea and vomiting	Anti-inflammatory properties and modulate gastrointestinal motility	Single dosage of 10 mg

The updated tables are given below:

Table 2. Prebiotics, probiotics and synbiotics targeting functional constipation in pediatric age.

PIOTIC	AUTUOD	DOSACE	DURATION	DODINATION AND ACC
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INULIN	Closa- Monasterolo et al., 2017 ⁹⁷	2 g/day	6 weeks	Constipated children aged 2–5 years
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GLUCOMANNAN	Staiano et al., 2000 ¹⁰¹	100 mg/kg of body weight	12 weeks	Neurologically impaired children with chronic constipation aged 5.7 \pm 4.2 (mean \pm SD) years old
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GREEN BANANA	Casettari et al., 2019 ¹⁴⁸	Green banana biomass 30 g/day	8 weeks	Constipated children aged 5-to-15 years
FIBER MIXTURES	Kokke et al., 2008 ¹⁰⁴	3 g trans GOS, 3 g inulin, 1.6 g soy fiber, and 0.33 g resistant starch 3. Dosage: 10 g daily for <15 kg, 20 g daily for 15 kg $-$ 20 kg, 30 g daily for >20 kg	8 weeks	Constipated children aged 1–13 years
	Quitadamo et al., 2012 ¹⁰⁵	Acacia fiber 67.7 %, psyllium fiber 17.3 % and fructose. Initial dose 16.8 g daily and increased up to 22.4 g if needed (0.5 g/kg body weight daily)	8 weeks	Children with chronic functional consti- pation aged 4–10 years
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^{*}Abbreviations: fructo-oligosaccharides (FOS); galacto-oligosaccharides (GOS); standard deviation (SD), colony forming units (CFU).

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