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Frontiers Editorial Office,
Frontiers Media SA, Switzerland

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SPECIALTY SECTION
This article was submitted to Molecular
and Cellular Pathology,
a section of the journal
Frontiers in Cell and Developmental
Biology

RECEIVED 24 March 2023
ACCEPTED 27 March 2023
PUBLISHED 31 March 2023

CITATION
Kronsteiner B, Zopf LM, Heimerl P,
Oberoi G, Kramer AM, Slezak P,
Weninger WJ, Podesser BK, Kiss A and
Moscato F (2023), Corrigendum:
Mapping the functional anatomy and
topography of the cardiac autonomic
innervation for selective cardiac
neuromodulation using MicroCT.
Front. Cell Dev. Biol. 11:1193013.
doi: 10.3389/fcell.2023.1193013

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Corrigendum: Mapping the functional anatomy and topography of the cardiac autonomic innervation for selective cardiac neuromodulation using MicroCT

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KEYWORDS

vagus nerve stimulation, cardiovascular diseases, fascicular anatomy, selective cardiac, neuromodulation, microcomputed tomography, 3D rendering

A Corrigendum on
[Mapping the functional anatomy and topography of the cardiac autonomic innervation for selective cardiac neuromodulation using MicroCT](#)

by Kronsteiner B, Zopf LM, Heimerl P, Oberoi G, Kramer AM, Slezak P, Weninger WJ, Podesser BK, Kiss A and Moscato F (2022). *Front. Cell Dev. Biol.* 10:968870. doi: [10.3389/fcell.2022.968870](https://doi.org/10.3389/fcell.2022.968870)

In the published article, there was an error in “Figure 1. Schematic overview of the surgical window in a pig” as published. The dashed line indicating the anatomical “position 4” was accidentally moved to the wrong position. The correct position is right above the branching point of the vagal cardiac branch as correctly written in the main text. The corrected figure “Figure 1 Schematic overview of the surgical window in a pig” and its caption “Schematic overview of the surgical window in a pig. The VN can be distinguished from the ST by identification of the NG. In some individuals, the two nerves were observed to merge or split at the cervical level. In rabbits, the VN and the ST were travelling individually next to each other to the cardiac plexus. Five anatomical positions (pos 1-pos 5) were defined from cranial to caudal at which the fascicle number and nerve areas were measured. The superior CB was the branch used in this study (one superior CB per nerve) and harvested right above the level of the subclavian artery (pos.5); the inferior CB (indicated as dashed lines) was not used in this study since its anatomical position in the epicardial fat is surgically less feasible for selective stimulation than the superior CB. Pos. 1-

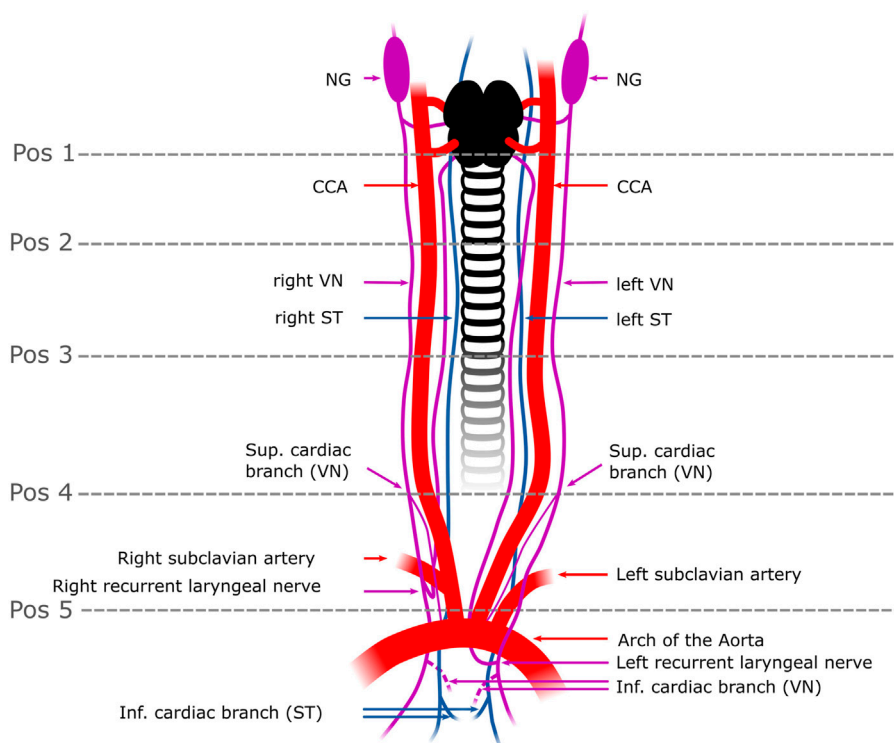


FIGURE 1

Schematic overview of the surgical window in a pig. The VN can be distinguished from the ST by identification of the NG. In some individuals, the two nerves were observed to merge or split at the cervical level. In rabbits, the VN and the ST were travelling individually next to each other to the cardiac plexus. Five anatomical positions (pos 1-pos 5) were defined from cranial to caudal at which the fascicle number and nerve areas were measured. The superior CB was the branch used in this study (one superior CB per nerve) and harvested right above the level of the subclavian artery (pos.5); the inferior CB (indicated as dashed lines) was not used in this study since its anatomical position in the epicardial fat is surgically less feasible for selective stimulation than the superior CB. Pos. 1-3 label the upper to the mid-cervical level. Pos. 4 indicates the cardiac branching point of the superior CB. NG, nodose ganglion; CCA, common carotid artery; VN, Vagus Nerve; ST, Sympathetic trunk; Pos, position; sup. cardiac branch, superior cardiac branch; inf. cardiac branch, inferior cardiac branch.

3 label the upper to the mid-cervical level. Pos.4 indicates the cardiac branching point of the superior CB. NG, nodose ganglion; CCA, common carotid artery; VN, Vagus Nerve; ST, Sympathetic trunk; Pos, position; sup. cardiac branch, superior cardiac branch; inf. cardiac branch, inferior cardiac branch.” appear below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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