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RECEIVED 30 July 2023  
ACCEPTED 04 August 2023  
PUBLISHED 28 September 2023

CITATION  
Guo X, Zhang Y, Yu Y, Zhang L, Ullah K,  
Ji M, Jin B and Shu J (2023) Corrigendum:  
Getting pregnant with congenital adrenal  
hyperplasia: assisted reproduction and  
pregnancy complications. A systematic  
review and meta-analysis.  
*Front. Endocrinol.* 14:1269711.  
doi: 10.3389/fendo.2023.1269711

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# Corrigendum: Getting pregnant with congenital adrenal hyperplasia: assisted reproduction and pregnancy complications. A systematic review and meta-analysis

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## KEYWORDS

congenital adrenal hyperplasia (CAH), assisted reproduction technology (ART), pregnancy complication, meta-analysis, systematic review, miscarriage, abortion (induced), glucocorticoid therapy

## A Corrigendum on

Getting pregnant with congenital adrenal hyperplasia: assisted reproduction and pregnancy complications. A systematic review and meta-analysis

By Guo X, Zhang Y, Yu Y, Zhang L, Ullah K, Ji M, Jin B and Shu J (2022) *Front. Endocrinol.* 13:982953. doi: 10.3389/fendo.2022.982953

In the published article, there were two errors in [Figure 5](#) as published. “Odds ratio” was mistakenly used instead of “relative risk” in the code to generate [Figure 5](#). Furthermore, the data from two studies were incorrectly cited (Eyal, et al., 2017 and Moran, et al., 2006). The corrected [Figure 5](#) and its caption appear below.

Consequently, in the published article there were 5 errors related to the description of [Figure 5](#). A correction has been made to **Abstract**. This sentence previously stated:

“Glucocorticoid treatment in non-classical CAH patients significantly lowered the miscarriage rate when compared to the untreated group (RR 0.25 (0.13-0.47)).”

The corrected sentence appears below:

“The miscarriage rate in non-classical CAH patients was not significantly different with or without glucocorticoid treatment from retrospective studies.”

A correction has been made to **2 Methods, 2.3 Data analysis**. This sentence previously stated:

“When a control group without adrenal insufficiency was provided, a crude odds ratio (OR) and 95% CI were calculated using the Mantel-Haenszel method based on a random-effects model.”

The corrected sentence appears below:

“To measure dichotomous outcomes, a relative risk (RR) and 95% confidence interval (CI) were calculated using the Mantel-Haenszel method based on a random-effects model.”

A correction has been made to **3 Results, 3.2 Pregnancy complications of congenital adrenal hyperplasia patients**, paragraph one.

This sentence previously stated:

“The miscarriage rate of the glucocorticoid treatment group is significantly lowered than that of the untreated group in the non-classical type of CAH patients (RR 0.25 (0.13–0.47)), as shown in **Figure 5**.”

The corrected sentence appears below:

“The risk of miscarriage in non-classical CAH patients was not significantly influenced by glucocorticoid treatment, as shown in **Figure 5**.”

A correction has been made to **4 Discussion**, paragraph three.

This sentence previously stated: “However, glucocorticoid treatment in the non-classical type of CAH patients significantly lowered the miscarriage rate (RR 0.25 (0.13–0.47)). Therefore, proper glucocorticoid treatment might be the key.”

The corrected sentence appears below:

“Given the currently limited data from retrospective studies, glucocorticoid treatment did not significantly affect the miscarriage rate of non-classical CAH patients”.

A correction has been made to **5 Conclusions**.

This sentence previously stated:

“For the non-classical type of CAH, glucocorticoid treatment is recommended to prevent miscarriage.”

The corrected sentence appears below:

“Glucocorticoid treatment didn’t have a significant effect on preventing miscarriage in non-classical CAH patients.”

The authors apologize for these errors. The original article has been updated.

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