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CORRECTION
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Corrigendum: Cinical, Metabolic, and Genetic Analysis and Follow-Up of Eight Patients With *HIBCH* Mutations Presenting With Leigh/Leigh-Like Syndrome

Junling Wang[1], *Zhimei Liu*[1], *Manting Xu*[1], *Xiaodi Han*[1], *Changhong Ren*[1], *Xinying Yang*[1], *Chunhua Zhang*[2] *and Fang Fang*[1]*

[1]*Department of Neurology, Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing, China,* [2]*Department of Research, Development of MILS International, Ishikawa, Japan*

Keywords: HIBCH gene, Leigh/Leigh-like syndrome, C4-OH, 2,3-dihydroxy-2-methylbutyrate, mitochondrial disorders, children

A Corrigendum on:

Cinical, Metabolic, and Genetic Analysis and Follow-Up of Eight Patients With HIBCH Mutations Presenting With Leigh/Leigh-Like Syndrome
by Wang J., Liu Z., Xu M., Han X., Ren C., Yang X., Zhang C., Fang F. (2021). Front. Pharmacol. 12: 605803. doi: 10.3389/fphar.2021.605803

In the original article, there was a mistake in the legend for **Figure 3** as published. The word "23HD2MB" in the last sentence of the legend was misspelled, and it should be "23DH2MB."

Furthermore, there was a mistake in the positions of **Figures 5**, **6** as published. The positions of **Figures 5**, **6** are misplaced, and they should be interchanged. The corrected **Figures 5**, **6** appear below.

The reference for "Charng et al., 2016" was incorrectly written as "Charng, W., Karaca, E., Akdemir, Z. C., Gambin, T., Atik, M. M., Gu, S., et al. (2016). A phenotypically severe, biochemically "silent" case of HIBCH deficiency in a newborn diagnosed by rapid whole exome sequencing and enzymatic testing. Am. J. Med. Genet. 182 (4), 780–784. 10.1002/ajmg.a.61498." It should be "Charng, W., Karaca, E., Akdemir, Z. C., Gambin, T., Atik, M. M., Gu, S., et al. (2016). Exome sequencing in mostly consanguineous Arab families with neurologic disease provides a high potential molecular diagnosis rate. BMC Med. Genomics 9 (1), 42. 10.1186/s12920-016-0208-3."

Additionally, there was a mistake in **Table 2** as published. The forms of the first row of **Table 2** were incorrectly shifted to the left as a whole. The corrected **Table 2** appears 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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Ruth Roberts,
ApconiX, United Kingdom

***Correspondence:**
Fang Fang
fangfang@bch.com.cn

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TABLE 2 | Metabolite results of extensive investigations of eight patients with *HIBCH* mutations.

	C4-OH (0.00–0.26 μmol/L)			23DH2MB (0.0005–0.0029)		SCPCM (<0.624 μmol/mmol Cr)		Lactic acid	
	Peak phase	Recovery phase	Neonatal period	Peak phase	Recovery phase	Peak phase	Recovery phase	Blood (0.5–2.2 mmol/L)	CSF (1.0–2.78 mmol/L)
Patient 1	0.200	—	—	0.0045↑	—	—	—	1.51	1.46
Patient 2	1.664↑	—	—	0.0715↑	—	8.02↑	—	4.13↑	—
Patient 3	—	0.184	—	—	0.0063↑	—	—	1.60	—
Patient 4	0.579↑	0.183	—	—	0.0123↑	—	2.74↑	0.92	—
Patient 5	0.221	—	—	—	—	—	—	5.23↑	—
Patient 6	0.73↑	0.174	—	0.0032↑	—	2.45↑	—	3.23↑	—
Patient 7	0.485↑	—	—	0.0199↑	—	—	—	1.50	—
Patient 8	1.574↑	1.235↑	0.425↑	—	0.0021	—	—	1.2–2.1	1.50

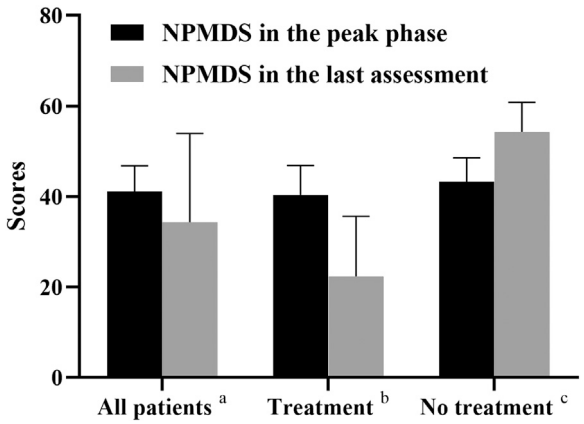

FIGURE 5 | NPMDS scores in the peak phase and last assessment. a, All the recruited patients ($n = 8$); b, Patients who received therapy (Patient 1, 5, 6, 7, 8; $n = 5$); c, Patients who gave up therapy (Patient 2, 3, 4; $n = 3$).

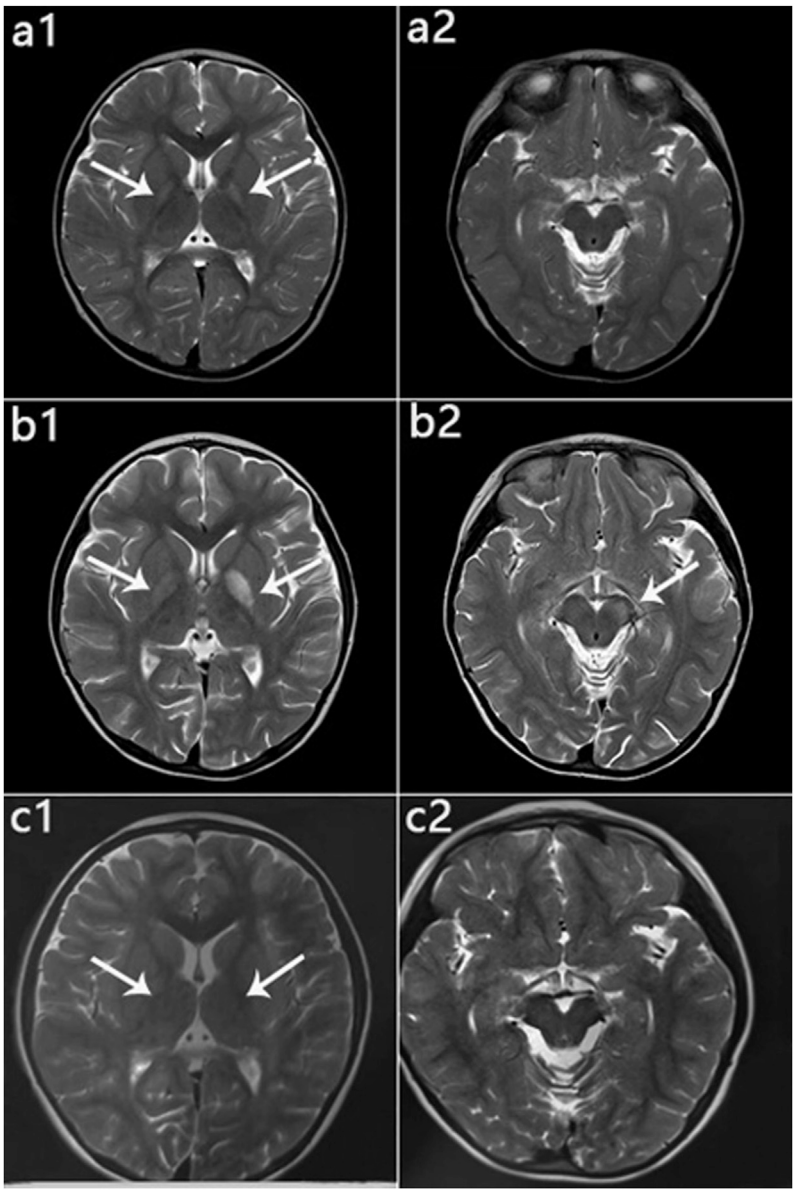

FIGURE 6 | Patient 1: MRI performance in the peak and recovery phases. (a1, a2): Initial MRI obtained at age 2 years; hyperintensity on T2WI in the globus pallidus (a1), normal cerebral peduncle (a2). (b1, b2): MRI performed at 4 years 5 months during the acute stage; hyperintensity on T2WI in the globus pallidus with swelling on the left side (b1) and in the left cerebral peduncle (b2). (c1, c2): MRI performed at 6 years 1 month during the recovery stage; only slightly hyperintensity on T2WI in globus pallidus (c1), and Abnormal signal disappeared in the cerebral peduncle (c2).