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Contents lists available at ScienceDirect

Journal of the Neurological Sciences

journal homepage: www.elsevier.com/locate/jns



Corrigendum to 'Neurology of COVID-19 in Singapore' [Journal of the Neurological Sciences Volume 418, 15 November 2020, 117118]

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The authors regret the following errors.

In section 3.1, there is a typographical error with regards to the case numbers: Case 1's cerebrospinal fluid (CSF) was remarkable for mild pleocytosis (red

blood cells $22/\mu$ L and white blood cells $6/\mu$ l) and raised protein 0.56 g/

L, while Case 2's was normal. CSF SARS-CoV-2 RT-PCR was negative in.

both; viral culture and CSF SARS-CoV-2 serology were negative for Case 1. Cases 3 and 4 did not have CSF examined.

It should be<

Case 1's cerebrospinal fluid (CSF) was remarkable for mild pleocytosis (red blood cells 22/ μ L and white blood cells 6/ μ l) and raised protein 0.56 g/L, while Case 3's was normal. CSF SARS-CoV-2 RT-PCR was negative in both; CSF SARS-CoV-2 IgG and viral culture were negative

for Case 1. Cases 2 and 4 did not have CSF examined.>

In the same paragraph, the word "significantly" should be replaced with the more accurate, "unequivocally" <Cases 1, 3 and 4 [24] did not respond unequivocally (doi.org/10.1016/j.ensci.2020.100275) to empirical, albeit delayed, therapy with intravenous immunoglobulin(IVIG), corticosteroids and corticosteroid-IVIG combination respectively>.

The median interval to onset of encephalopathic symptoms should be 25.5 days, not 24 (in section 3.1, section 4 paragraph 3 and Table 2). The percentage of males in the cohort of 90 patients should be 93.3%, not 98.9% (in abstract and section 3 paragraph 1). The authors would like to apologise for any inconvenience caused.

DOI of original article: <https://doi.org/10.1016/j.jns.2020.11711 8>

DOI of original article: https://doi.org/10.1016/j.jns.2020.117118.

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https://doi.org/10.1016/j.jns.2021.117406

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