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Author Correction: Serotonin transporter binding is increased in Tourette syndrome with Obsessive Compulsive Disorder

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Correction to: *Scientific Reports* <https://doi.org/10.1038/s41598-018-37710-4>, published online 30 January 2019

This Article contains an error in the title of Table 3.

“SERT occupancy (= percentage of decrease in specific over non-specific binding due to treatment) in different brain regions after treatment with escitalopram in patients with TS + OCD and pure OCD (n = 13) depending on quantification procedure.”

should read:

“SERT occupancy (= percentage of decrease in specific over non-specific binding due to treatment) in different brain regions after treatment with escitalopram in patients with TS + OCD (n = 8) depending on quantification procedure.”

In addition, the following text in the Results section contains typographical errors:

“Treatment with escitalopram in patients with TS + OCD and pure OCD (n = 13) resulted in a significant reduction of SERT binding in all investigated brain areas including caudate, putamen, thalamus, hypothalamus, midbrain, pons, and mesial temporal cortex (*p* values between 0.0409 and <0.0001 depending on the brain region) with differences ranging from 19 to 78% (for further details see Table 3, and Figs. 1, 2). Thus, treatment with escitalopram resulted in a much larger difference in SERT binding compared to the differences detected between untreated patients (with TS + OCD and OCD) and healthy controls at baseline (range 8–11%, for further details see Table 2).”

should read:

“Treatment with escitalopram in patients with TS + OCD (n = 8) resulted in a significant reduction of SERT binding in all investigated brain areas including caudate, putamen, thalamus, hypothalamus, midbrain, pons, and mesial temporal cortex (*p* values between 0.0409 and <0.0001 depending on the brain region) with differences ranging from 19 to 79% (for further details see Table 3, and Figs. 1, 2). Thus, treatment with escitalopram resulted in a much larger difference in SERT binding compared to the differences detected between untreated patients (with TS + OCD) and healthy controls at baseline (range 8–11%, for further details see Table 2).”

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