



## Correction to: Long-term neurocognitive functioning of children treated with propranolol or atenolol for infantile hemangioma

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In the original published version of the above article, the data reported with ‘yes’ and ‘no’ under "Child migration background" are switched up. The Table 1 below is the correct listing.

The original article can be found online at <https://doi.org/10.1007/s00431-022-04674-7>.

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**Table 1** Participant characteristics

	All ( <i>n</i> = 105)	Propranolol ( <i>n</i> = 36)	Atenolol ( <i>n</i> = 69)	<i>p</i> -value
<b>Demographics</b>				
Child age, years				
Median ( <i>IQR</i> )	7.4 (6.7–8.5)	8.0 (7.3–8.8)	7.1 (6.4–8.1)	<0.001
Range	6.0–11.8	6.4–11.8	6.0–9.7	
Child sex, <i>n</i> (%)				
Female	85 (81)	29 (81)	56 (81)	>0.99
Male	20 (19)	7 (19)	13 (19)	
Child migration background <sup>a</sup> , <i>n</i> (%)				
Yes	10 (10)	0 (0.0)	10 (14)	0.01
No	94 (90)	36 (100)	58 (84)	
Unknown	1 (1.0)	0 (0.0)	1 (1.4)	
Education mother, <i>n</i> (%)				
Low	14 (13)	6 (17)	8 (12)	0.89
Average	28 (27)	8 (22)	20 (29)	
High	62 (59)	22 (61)	40 (58)	
Unknown	1 (1.0)	0 (0.0)	1 (1.4)	
Home language, <i>n</i> (%)				
Dutch	97 (92)	35 (97)	62 (90)	0.37
Other	2 (2.0)	0 (0.0)	2 (2.9)	
Multilingual	6 (5.7)	1 (2.8)	5 (7.2)	
Confirmed diagnosis, <i>n</i> (%)				
Attention deficit/hyperactivity disorder	6 (5.7)	3 (8.3)	3 (4.3)	
<b>Clinical information</b>				
Location of IH <sup>b</sup> , <i>n</i> (%)				
Head and neck	84 (80)	24 (67)	60 (87)	0.02
Trunk	13 (12)	6 (17)	7 (10)	0.36
Genital area	13 (12)	7 (19)	6 (8.7)	0.13
Extremities	7 (6.7)	3 (8.3)	4 (5.8)	0.69
Ulcerated IH, <i>n</i> (%)				
Yes	29 (28)	13 (36)	16 (23)	0.16
No	76 (72)	23 (64)	53 (77)	
Treatment center, <i>n</i> (%)				
Erasmus MC	34 (32)	31 (86)	3 (4.3)	<0.001
UMCU	71 (68)	5 (14)	66 (96)	
Age at treatment initiation, months				
Median ( <i>IQR</i> )	3.5 (2.2–5.1)	3.6 (2.2–5.3)	3.4 (2.2–5.0)	0.58
Range	0.92–11.4	1.64–11.4	0.92–10.9	
Treatment duration, months				
Median ( <i>IQR</i> )	13.8 (10.9–19.4)	18.6 (12.5–22.7)	13.0 (10.4–15.8)	0.001
Range	6.41–62.7	9.13–62.7	6.41–56.8	
Average dose, mg/kg/day				
Median ( <i>IQR</i> )	1.2 (1.0–1.8)	1.9 (1.8–2.0)	1.0 (1.0–1.2)	<0.001
Range	0.8–2.5	1.4–2.5	0.8–2.0	
Peak dose, mg/kg/day				
Median ( <i>IQR</i> )	1.6 (1.0–2.1)	2.1 (2.0–2.3)	1.0 (1.0–1.6)	<0.001
Range	1.0–14.0	1.9–14.0	1.0–3.0	
Cumulative dose, mg/kg				
Median ( <i>IQR</i> )	577.4 (387.2–881.7)	1122.7 (718.6–1282.3)	418.7 (310.0–619.7)	<0.001
Range	186.6–3544	494.1–3544	186.6–2206	

Table 1 (continued)

	All ( <i>n</i> = 105)	Propranolol ( <i>n</i> = 36)	Atenolol ( <i>n</i> = 69)	<i>p</i> -value
Follow-up time <sup>c</sup> , years				
Median ( <i>IQR</i> )	5.9 (5.2–6.5)	6.2 (5.6–6.6)	5.7 (5.1–6.2)	0.13
Range	1.6–9.7	1.6–9.7	4.5–8.4	

*p* values indicate differences in participant characteristics between propranolol and atenolol group. Continuous variables were not normally distributed and analyzed with a Mann-Whitney U test. Dichotomous variables were analyzed with a Fisher's exact test.

<sup>a</sup>Child migration background, categorized as “yes” = one or both parents born abroad or “no” = both parents born in the Netherlands.

<sup>b</sup>A total of 105 patients had a total of 128 IH. The variable “location of IH” represents the number of children with at least one infantile hemangioma at each region.

<sup>c</sup>Follow-up time: time interval between cessation of beta-blocker treatment and neuropsychological assessment.

The original article has been corrected.

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