Correction to the Article "Pediatric Sarcopenia: What do We Know?"

Errata ao Artigo "Sarcopenia Pediátrica: O que Sabemos?"

Following publication of the original article, the authors identified errors in the content. The corrected text is presented below. The original article has also been corrected.

Após a publicação do artigo original, os autores identificaram erros no conteúdo. O texto corrigido é apresentado abaixo. O artigo original também foi corrigido.

On page 801, in the fifth paragraph of the left column, a reference has been added, and the subsequent references have been renumbered. Thus, where it reads (in red):

"Although initially focused on the elderly, sarcopenia has emerged as a growing concern among pediatric populations, particularly in children with chronic diseases. Recently, some studies have suggested that it may also be present in asymptomatic children.[17]"

It should read (**in bold**):

"Although initially focused on the elderly, sarcopenia has emerged as a growing concern among pediatric populations, particularly in children with chronic diseases. Recently, some studies have suggested that it may also be present in asymptomatic children.**[18]**"

On page 805, in the second paragraph of the '**FUTURE PERSPECTIVES**' section, the last sentence has been removed (in red). Thus, where it reads:

"Due to the multifactorial nature of sarcopenia, there is an urgent need to develop validated biomarker panels for clinical use in both children and adults. Currently, inflammatory markers like TNF-alpha and IL-6 and others like testosterone, GH, creatinine, and carnitine are used.[65]

It should read:

"Due to the multifactorial nature of sarcopenia, there is an urgent need to develop validated biomarker panels for clinical use in both children and adults."

On page 805, in the third paragraph of the '**FUTURE PERSPECTIVES**' section, where it reads:

Genomic studies have identified certain sequences linked to an increased risk of sarcopenia, such as the *rs34415150* variant of *HLA-DQA1*, *rs143384* of *GDF5*, and *rs62102286* of DYM.[66] Additionally, in sarcopenic patients, genes like *MT1X* and ARHGAP36 have shown higher diagnostic precision compared to *FAM171A1, GPCPD1, ZNF415*, and *RXRG*, indicating their potential as predictive markers for early screening.[67] Circulating microRNAs (e.g., microRNA-1, microRNA-29a, microRNA-29b) have also been observed in patients with reduced physical performance.[68]"

It should read (**in bold**):

Genomic studies have identified certain sequences linked to an increased risk of sarcopenia **in older men and women**, such as the *rs34415150* variant of *HLA-DQA1*, *rs143384* of *GDF5*, and *rs62102286* of DYM.[67] Additionally, in sarcopenic patients, genes like *MT1X* and ARHGAP36 have shown higher diagnostic precision compared to *FAM171A1, GPCPD1, ZNF415*, and *RXRG*, indicating their potential as predictive markers for early screening.[68] Circulating microRNAs (e.g., microRNA-1, microRNA-29a, microRNA-29b) have also been observed in **adult** patients with reduced physical performance.[69]"

In the '**REFERENCES**' section, all references following reference 18 have been renumbered.

Thus, where it reads:

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20. Chomtho S, Wells JC, Williams JE, Lucas A, Fewtrell MS. Associations between birth weight and later body composition: evidence from the 4-component model. Am J Clin Nutr. 2008;88:1040-8.
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29. Phillips CM. Metabolically healthy obesity across the life course: epidemiology, determinants, and implications. Ann N Y Acad Sci. 2017;1391:85-100.
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evidence of a beneficial effect on myoblast fusion. IJN. 2015;10:1479-92.
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19. Kwon EJ, Kim YJ. What is fetal programming? a lifetime health is under the control of in utero health. Obstet Gynecol Sci. 2017;60:506-19.
20. Costello PM, Rowlerson A, Astaman NA, Anthony FE, Sayer AA, Cooper C, et al. Peri-implantation and late gestation maternal undernutrition differentially affect fetal sheep skeletal muscle development. J Physiol. 2008;586:2371-9.
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Original article:
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Na página 801, no quinto parágrafo da coluna da esquerda, foi acrescentada uma referência e as referências seguintes foram renumeradas. Assim, onde se lê (a vermelho):

"Although initially focused on the elderly, sarcopenia has emerged as a growing concern among pediatric populations, particularly in children with chronic diseases. Recently, some studies have suggested that it may also be present in asymptomatic children.[17]"

Deverá ler-se (**a negrito**):

"Although initially focused on the elderly, sarcopenia has emerged as a growing concern among pediatric populations, particularly in children with chronic diseases. Recently, some studies have suggested that it may also be present in asymptomatic children.[18]"

Na página 805, no segundo parágrafo da secção '***FUTURE PERSPECTIVES***', a última frase foi removida (a vermelho). Assim, onde se lê:

"*Due to the multifactorial nature of sarcopenia, there is an urgent need to develop validated biomarker panels for clinical use in both children and adults. Currently, inflammatory markers like TNF-alpha and IL-6 and others like testosterone, GH, creatinine, and carnitine are used.[65]"*

Deverá ler-se:

"Due to the multifactorial nature of sarcopenia, there is an urgent need to develop validated biomarker panels for clinical use in both children and adults."

Na página 805, no terceiro parágrafo da secção '***FUTURE PERSPECTIVES***', onde se lê:

"Genomic studies have identified certain sequences linked to an increased risk of sarcopenia, such as the rs34415150 *variant of* HLA-DQA1*,* rs143384 *of* GDF5*, and* rs62102286 *of DYM.[66] Additionally, in sarcopenic patients, genes like* MT1X *and* ARHGAP36 *have shown higher diagnostic precision compared to* FAM171A1*,* GPCPD1*,* ZNF415*, and* RXRG*,*

indicating their potential as predictive markers for early screening.[67] Circulating microRNAs (e.g., microRNA-1, microRNA-29a, microRNA-29b) have also been observed in patients with reduced physical performance.[68]"

Deverá ler-se (**a negrito**):

"Genomic studies have identified certain sequences linked to an increased risk of sarcopenia ***in older men and women****, such as the* rs34415150 *variant of* HLA-DQA1, rs143384 *of* GDF5*, and* rs62102286 *of DYM.[67] Additionally, in sarcopenic patients, genes like* MT1X *and* ARHGAP36 *have shown higher diagnostic precision compared to* FAM171A1, GPCPD1, ZNF415*, and* RXRG*, indicating their potential as predictive markers for early screening.[68] Circulating microRNAs (e.g., microRNA-1, microRNA-29a, microRNA-29b) have also been observed in* ***adult*** *patients with reduced physical performance.[69]"*

Na secção '***REFERENCES***', todas as referências após a referência 18 foram renumeradas.

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