



Correction to: Nebulization of RNS60, a Physically-Modified Saline, Attenuates the Adoptive Transfer of Experimental Allergic Encephalomyelitis in Mice: Implications for Multiple Sclerosis Therapy

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The original version of this article unfortunately contained a mistake. The Figure 3, 4, 5 legends have been misplaced. The updated legends along with the figures are corrected with this erratum.

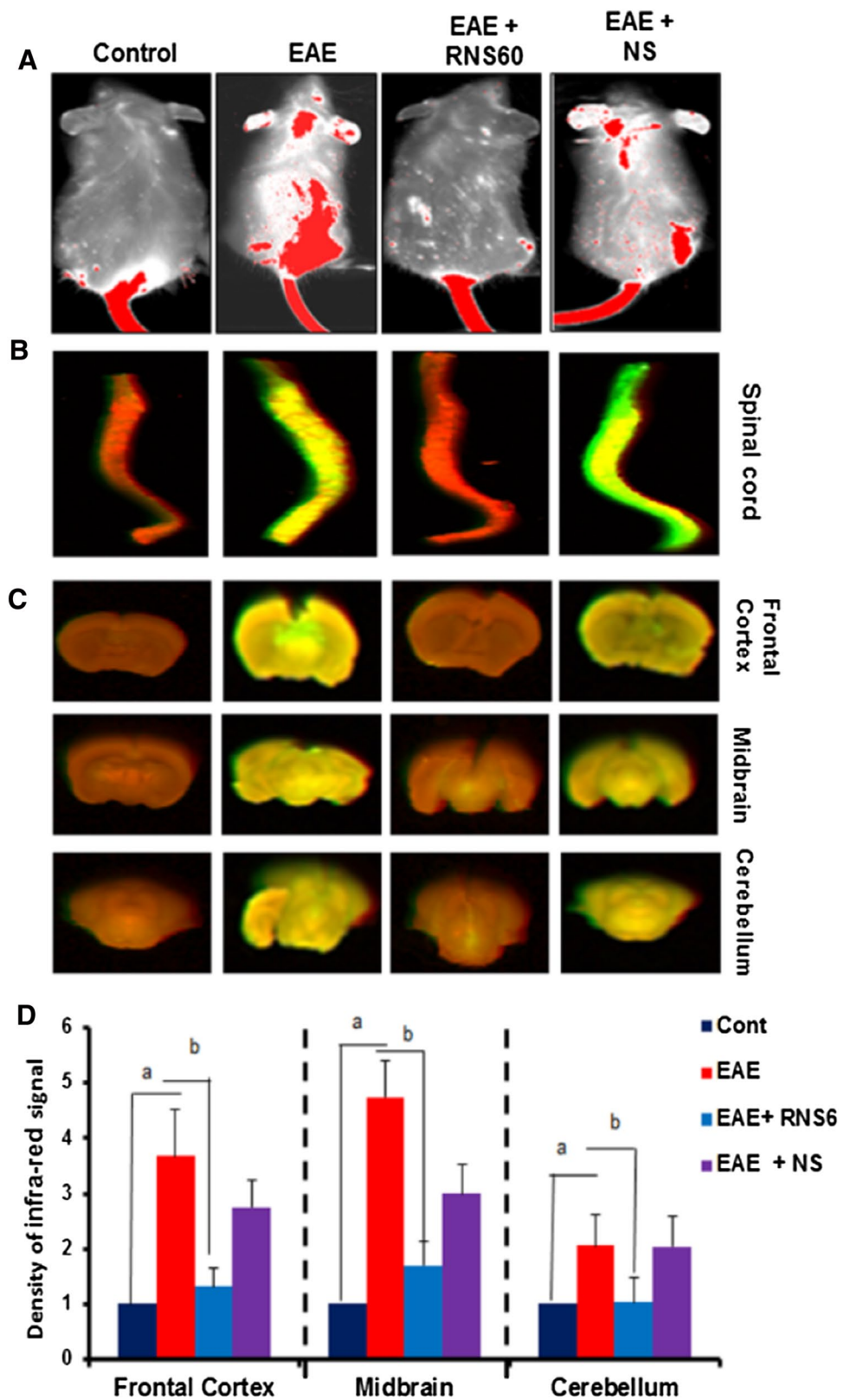
The original article can be found online at <https://doi.org/10.1007/s11064-017-2214-z>.

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Fig. 3 Nebulization of RNS60 protects the integrity of blood–brain barrier (BBB) and blood–spinal cord barrier (BSB) in EAE in female SJL/J mice. Control, EAE (14 dpt), and either RNS60- or NS treated EAE mice (14 dpt receiving 300 μ L of RNS60/NS from 6 dpt by nebulization) ($n = 5$ in each group) received 200 μ L of 20 μ M Alexa Fluor 680-SE-NIR dye (Invitrogen) via the tail vein. After 3 h, mice were scanned in an Odyssey (ODY-0854; Licor) infrared scanner at the 700- and 800-nm channels (a). Mice were perfused with 4% paraformaldehyde. Spinal cord (b) and different parts of the brain (c) were scanned in an Odyssey infrared scanner. The red background came from an 800-nm filter, whereas the green signal was from Alexa Fluor 680 dye at the 700-nm channel. The density of the Alexa Fluor 680 signal in different parts of the brain (d) was quantified with the help of Quantity One, version 4.6.2 software, using the volume contour tool analysis module. Data are expressed as the mean \pm SEM of five different mice; ^a $p < 0.001$ versus normal (HBSS); ^b $p < 0.001$ versus EAE



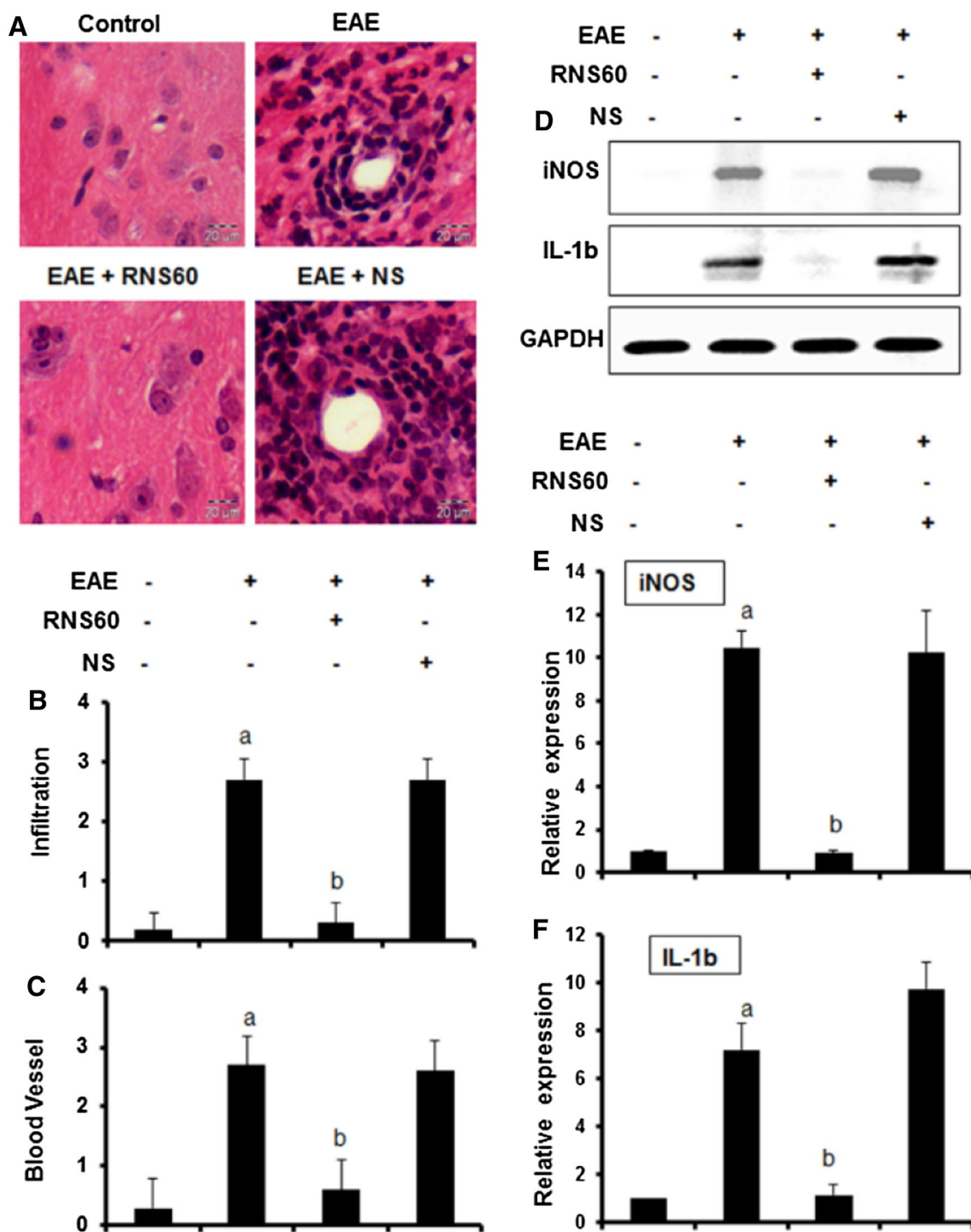


Fig. 4 Nebulization of RNS60 suppresses the infiltration of mononuclear cells in the spinal cord of EAE in female SJL/J mice. Spinal cord sections of control, EAE (14 dpt) and either RNS60- or NS treated EAE mice (14 dpt receiving 300 μ L of RNS60/NS from 6 dpt by nebulizing) were stained with H&E. Digital images were collected under a bright-field setting using a $\times 40$ objective (**a**). Infiltration (**b**) and cuffed vessel (**c**) were represented quantitatively by using a scale as described by us. Data are expressed as mean \pm SEM of five differ-

ent mice. ^a $p < 0.001$ versus normal; ^b $p < 0.001$ versus EAE. Spinal cord of normal, EAE, and either RNS60- or NS-treated EAE mice (14 dpt receiving 300 μ L of RNS60/NS from 6 dpt by nebulizing) were analyzed for iNOS and IL-1 β mRNAs by semi-quantitative RT-PCR (**d**) and quantitative real-time PCR (**E** for iNOS, & **F** for IL-1 β). Data are expressed as the mean \pm SEM of five different mice per group. ^a $p < 0.001$ versus normal, ^b $p < 0.001$ versus EAE

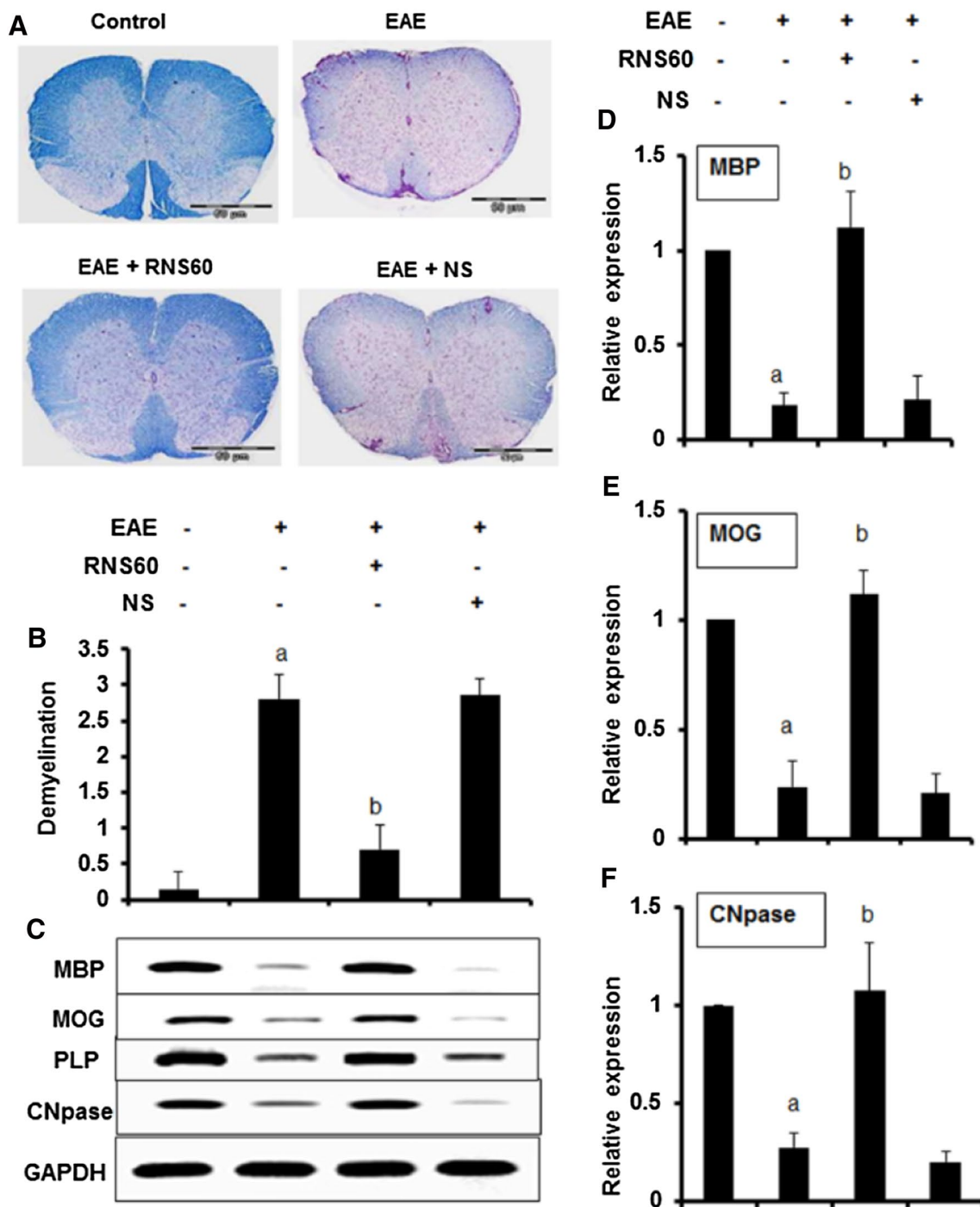


Fig. 5 Nebulization of RNS60 inhibits demyelination in the spinal cord of EAE in female SJL/J mice. Spinal cord sections of control, EAE (14 dpt) and either RNS60- or NS treated EAE mice (14 dpt receiving 300 μ L of RNS60/NS from 6 dpt by nebulization) were stained with Luxol fast blue. Digital images were collected under bright field setting using a $\times 40$ objective (a). Demyelination was represented quantitatively by using a scale as described by us

(b). Data are expressed as the mean \pm SEM of five different mice per group; ^a $p < 0.001$ versus normal, ^b $p < 0.001$ versus EAE. Spinal cord samples were analyzed for MBP, MOG, PLP, and CNpase mRNAs by semi-quantitative RT-PCR (c) and real-time PCR for MBP (d), MOG (e), & CNpase (f). Data are expressed as the mean \pm SEM of five different mice per group; ^a $p < 0.001$ versus normal, ^b $p < 0.001$ versus EAE