



Correction to: A case of myotonic dystrophy type 1 with severe dilated cardiomyopathy: an unusual presenting manifestation of the most common muscular dystrophy in adults

Ritwik Ghosh¹ · Moisés León-Ruiz² · Abdus Samim Mondal³ · Souvik Dubey⁴ · Julián Benito-León^{5,6,7,8}

© Fondazione Società Italiana di Neurologia 2024

Correction to: Neurological Sciences (2024)

<https://doi.org/https://doi.org/10.1007/s10072-024-07535-3>

The original article contains four errors. Dilated cardiomyopathy (“DCM”) should be added accordingly. The corrections as follows:

The beginning of the fourth paragraph of the first page should read:

Herein, we report an elderly female presenting with heart failure who was subsequently diagnosed with severe DCM associated with DM1.

The ending of the second paragraph of the second page should read:

The original article can be found online at <https://doi.org/10.1007/s10072-024-07535-3>.

✉ Julián Benito-León
jbenitol67@gmail.com

- ¹ Department of General Medicine, Burdwan Medical College and Hospital, Burdwan, West Bengal, India
- ² Section of Clinical Neurophysiology, Department of Neurology, University Hospital “La Paz”, Madrid, Spain
- ³ Department of Neuromedicine, Bankura Sammilani Medical College and Hospital, Bankura, West Bengal, India
- ⁴ Department of Neuromedicine, Bangur Institute of Neurosciences, Kolkata, West Bengal, India
- ⁵ Department of Neurology, University Hospital “12 de Octubre”, Madrid, Spain
- ⁶ Instituto de Investigación Sanitaria Hospital, 12 de Octubre (imas12), Madrid, Spain
- ⁷ Centro de Investigación Biomédica en Red Sobre Enfermedades Neurodegenerativas (CIBERNED), Madrid, Spain
- ⁸ Department of Medicine, Faculty of Medicine, Complutense University, Madrid, Spain

Furthermore, 2D echocardiography confirmed severe DCM characterized by significant left ventricular systolic dysfunction and a left ventricular ejection fraction (LVEF) of 36%.

The ending of the second paragraph of the third page should read:

This correlation underscores the potential of Mp/Col15A1 as a critical factor in DM1 pathology, particularly in the manifestation of DCM.

Lastly, the middle of the fourth paragraph of the third page should read:

This case underscores the critical need to consider DM1 as a potential diagnosis in patients who present with DCM and heart failure, particularly when there is a history suggestive of long-standing, subtle neurological symptoms (unattended/unnoticed) such as easy fatigability.

The original article has been corrected.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.