



Correction to: association of the matrix metalloproteinases (MMPs) family gene polymorphisms and the risk of coronavirus disease 2019 (COVID-19); implications of contribution for development of neurological symptoms in the COVID-19 patients

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Published online: 2 November 2023
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Correction to: Molecular Biology Reports (2023) 50:173–183.
<https://doi.org/10.1007/s11033-022-07907-y>.

In the original form of the published article, the criteria for detection of neurologic syndrome in the COVID-19 subjects is missing.

Initially, 500 subjects with COVID-19 were recruited, among which 72 patients were diagnosed as having neurologic syndrome. The diagnosis was accomplished by a neurologist using a complete examination that involved several approaches:

1. Clinical assessment.
 - 1.1. Detailed history: Information about the patient's medical history, including any pre-existing neurological conditions were collected.
 - 1.2. Symptom evaluation: The presence and nature of neurological symptoms, such as headache, delirium,

dizziness, confusion, muscle weakness, and altered sensation were assessed.

2. Physical examination:
 - 2.1. Neurological examination: A thorough neurological examination was performed to assess motor function, sensory function, reflexes, coordination, and cranial nerve function.
3. Diagnostic tests:
 - 3.1. Imaging: Neuroimaging technique (brain MRI) was used to identify structural abnormalities, such as strokes, encephalitis, or other lesions.
 - 3.2. Electroencephalogram (EEG): EEG was recorded to detect abnormal brain electrical activity, such as seizures or encephalopathy.

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

The online version of the original article can be found at <https://doi.org/10.1007/s11033-022-07907-y>.

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