

CORRECTION

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# Correction: Neuropathological assessment of the olfactory bulb and tract in individuals with COVID-19

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Following publication of the original article [1], in Fig. 3, B panel image “1” is incorrect. The incorrect section of the Fig. 3B and corrected version of full Fig. 3 is given below.

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The original article can be found online at <https://doi.org/10.1186/s40478-024-01761-8>.

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Incorrect Fig. 3, Panel B, Image 1:

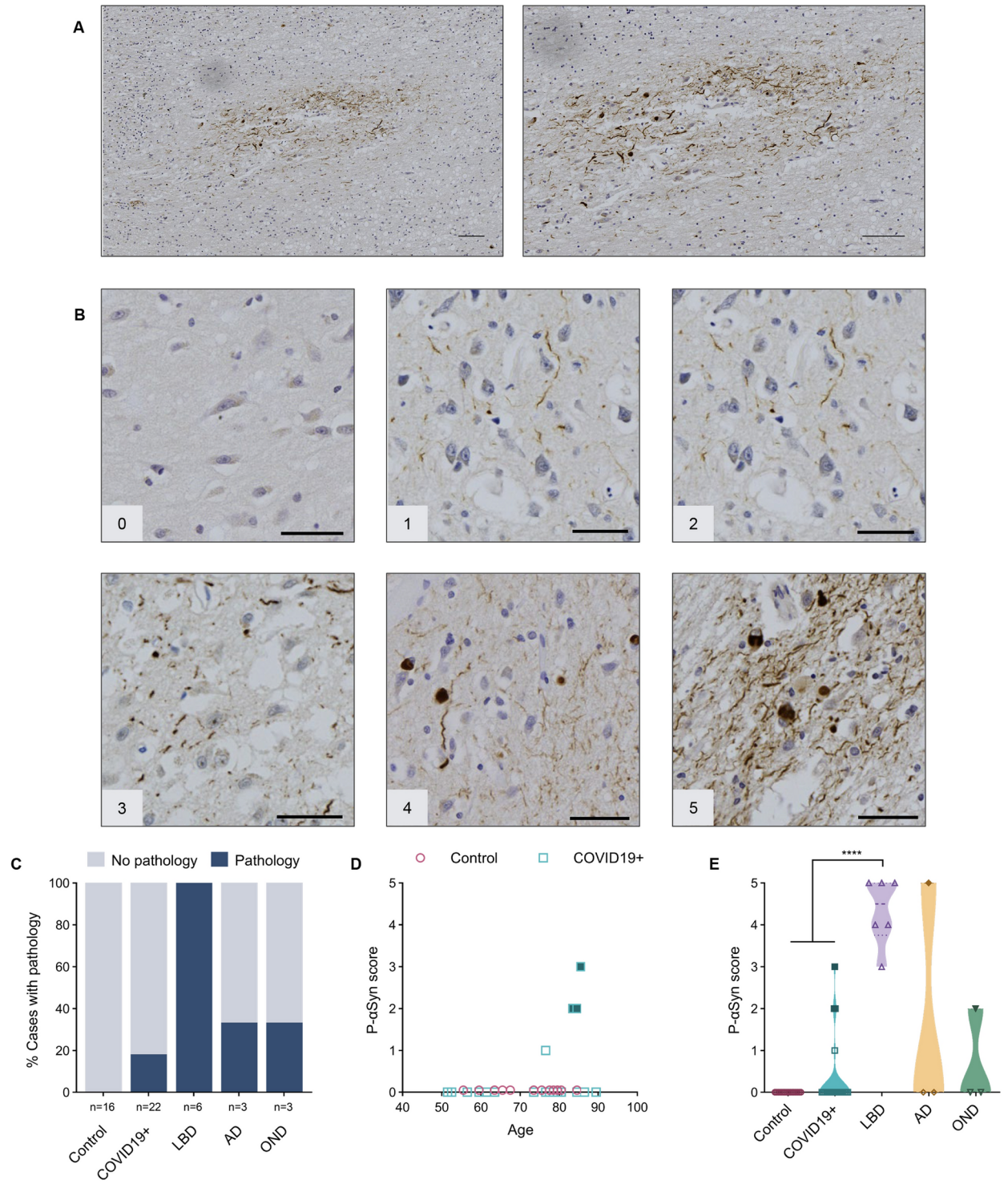
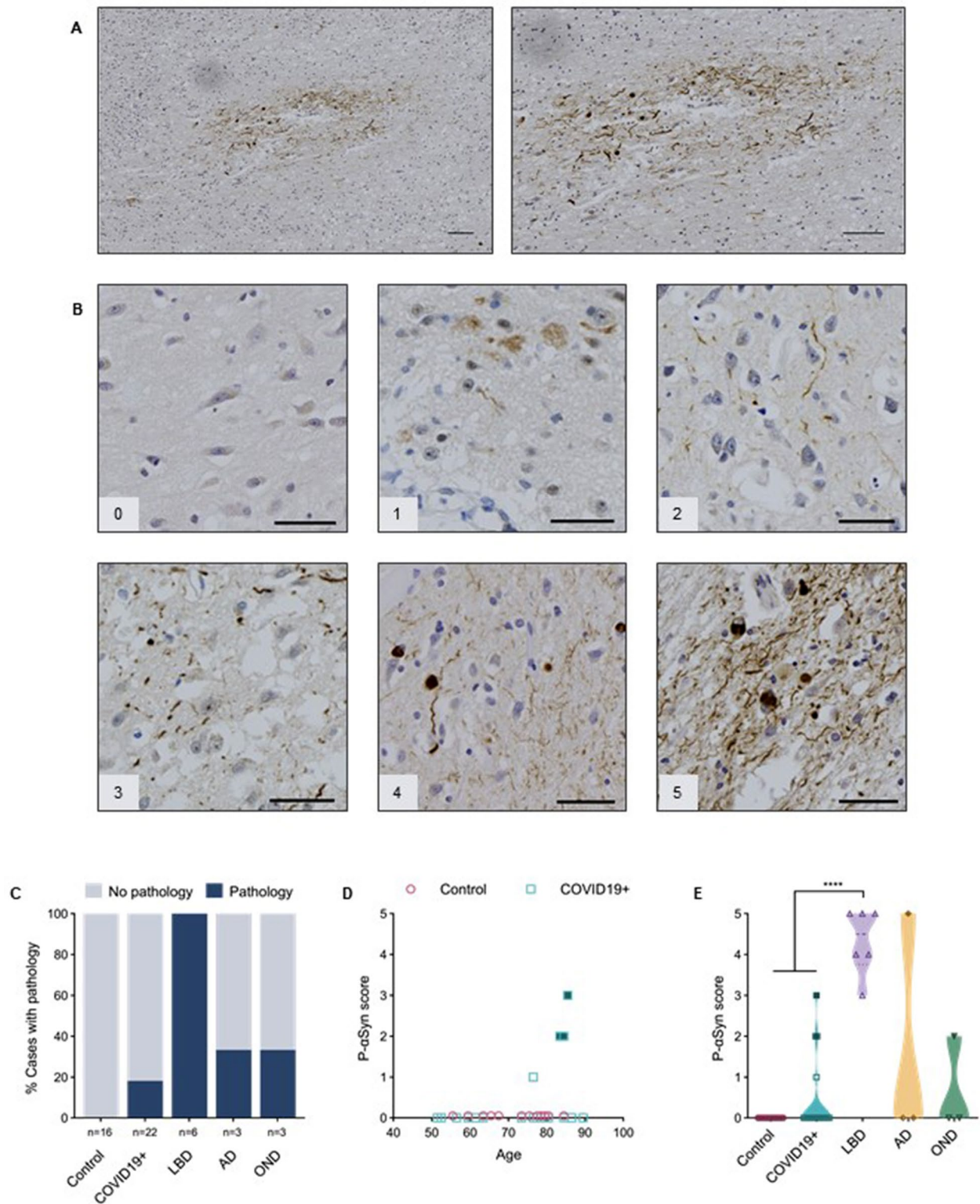


Figure 3 and caption.



**Fig. 3** (See legend on next page.)

(See figure on previous page.)

**Fig. 3** Anti-phosphorylated  $\alpha$ -synuclein reactivity in the anterior olfactory nucleus. **A** Example of immunohistochemical staining for p- $\alpha$ Syn in the human olfactory bulb, highlighting the AON from a person with Parkinson disease and related dementia [case #39]. Scale bars represent 100  $\mu$ M. **B** Representative images of semi-quantitative scoring of pathology, ranging from 0 to 5, in the AON. Scale bars represent 50  $\mu$ M. **C** Percentage of cases in each group that have a pathology score of 1 or higher. **D** Correlation between age and p- $\alpha$ Syn pathology scores in the control group (HCO and NCO combined) and COVID19+ cases. **E** Distribution of pathology scores for each group. Filled blue squares in **D** and **E** indicate COVID19+ cases suspected of having incidental LBD at autopsy; filled dark yellow diamond in **E** indicates AD case diagnosed with mixed pathology at autopsy, and filled green triangle indicates MSA case. Significance was determined using Kruskal–Wallis test with Dunn's post-hoc (**E**), where \*\*\*\* indicates  $p \leq 0.0001$ . Abbreviations for disease groups as in Fig. 1

The original article has been corrected.

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#### Reference

1. Lengacher NA, Tomlinson JJ, Jochum AK et al (2024) Neuropathological assessment of the olfactory bulb and tract in individuals with COVID-19. *Acta Neuropathol Commun* 12:70. <https://doi.org/10.1186/s40478-024-01761-8>

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