

Ginsenoside Rb1 Protects Against Diabetic Cardiomyopathy by Regulating the Adipocytokine Pathway [Corrigendum]

Zhang C, Han M, Zhang X, Tong H, Sun X, Sun G. *J Inflamm Res.* 2022;15:71–83.

The authors have advised that due to an error that occurred inadvertently at the time of figure assembly, figure parts 3A on page 76 and 4B on page 77 are incorrect.

The correct Figures 3 and 4 are as follows.

The authors apologize for these errors and state that it does not change the results and conclusion of this article.

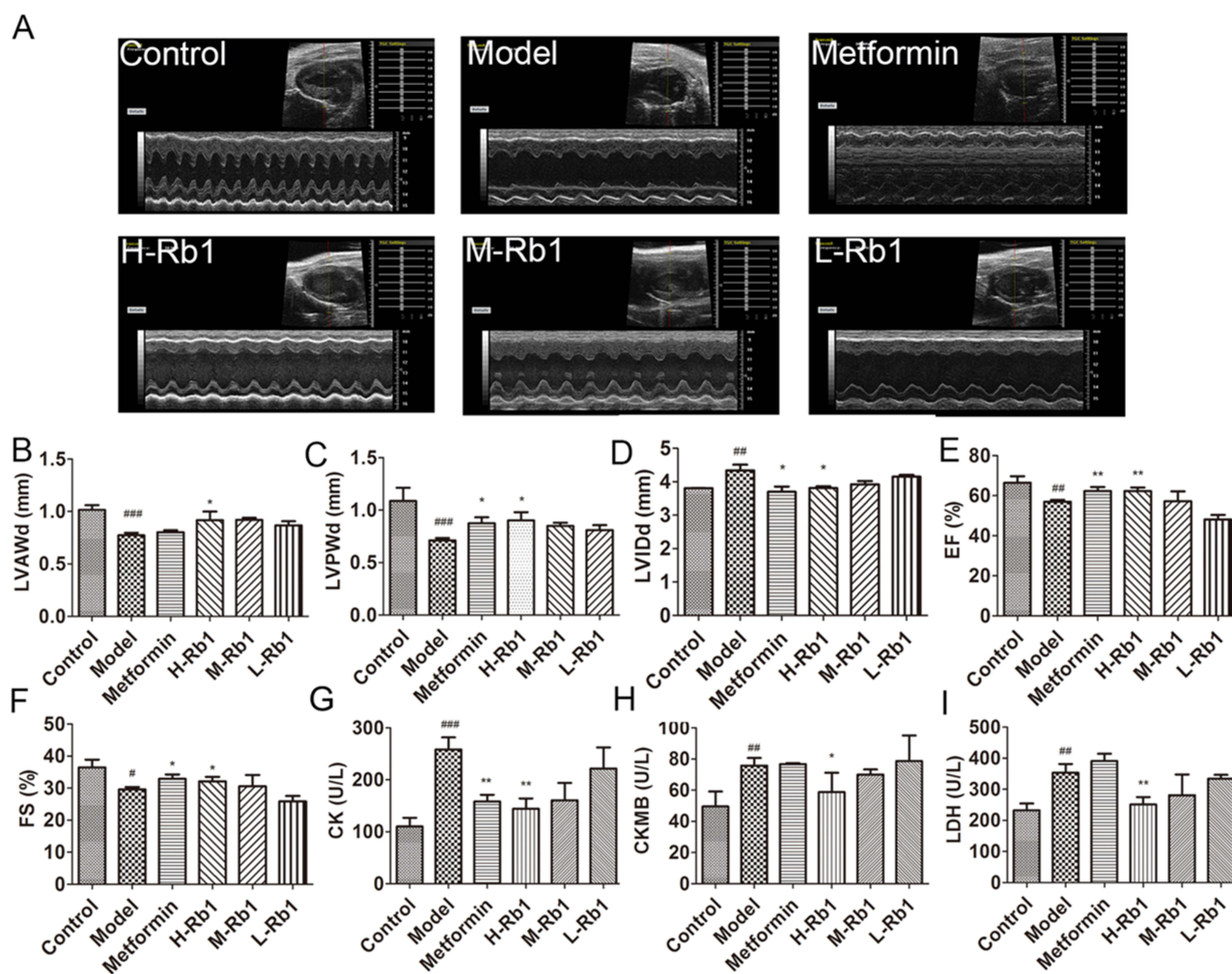


Figure 3 Ginsenoside Rb1 ameliorated cardiac dysfunction in diabetic mice. (A) Representative images of echocardiography from mice after 12 weeks of treatment. Statistical analyses of (B) LVAWd; (C) LVPWd; (D) LVIDd; (E) EF and (F) FS in indicated groups. Serum (G) CK; (H) CK-MB and (I) LDH in indicated groups. Data are expressed as the mean \pm SEM (n = 3–6). * $p < 0.05$ or ** $p < 0.01$ vs model group; # $p < 0.05$ or ### $p < 0.01$ or #### $p < 0.001$ vs the control.

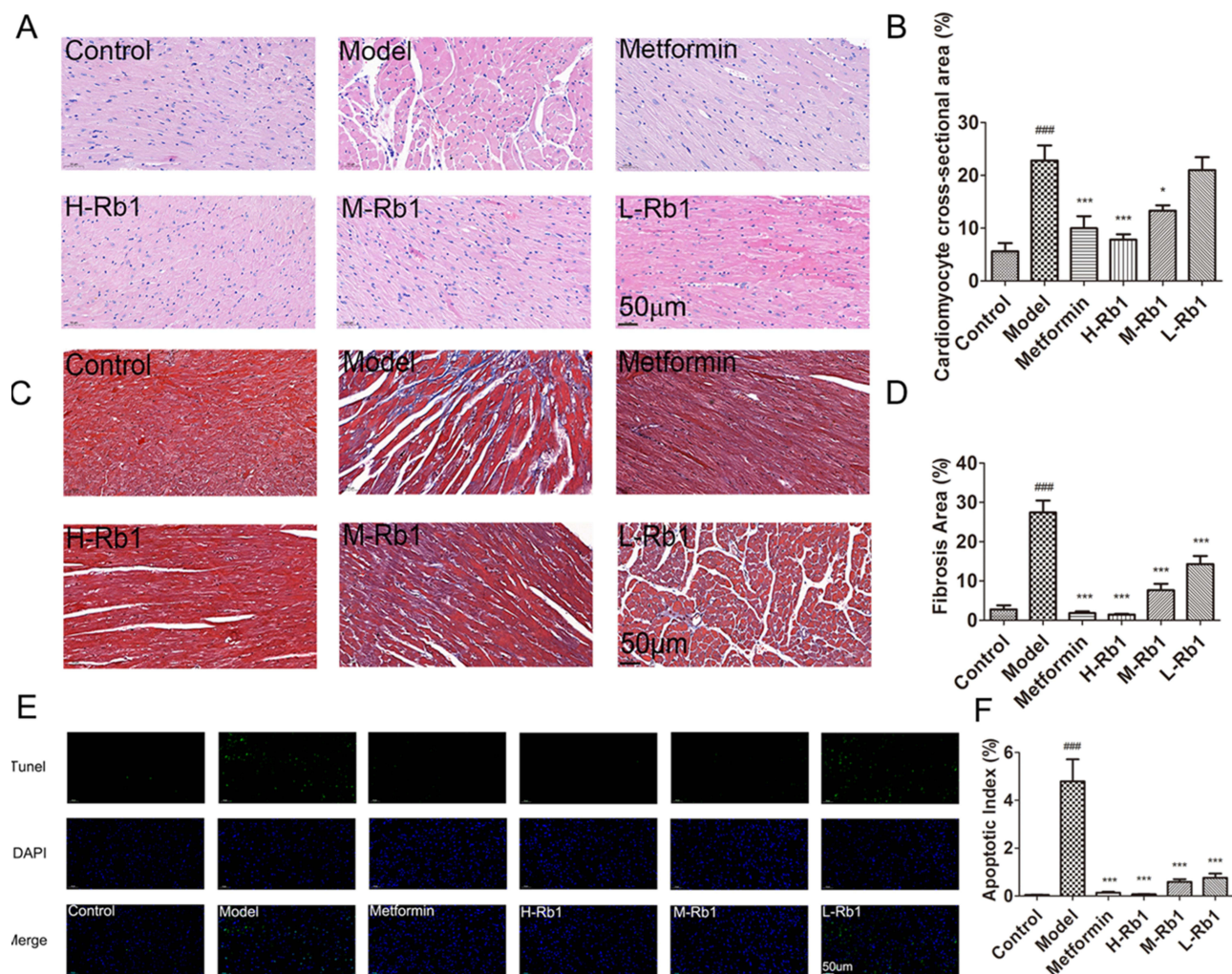


Figure 4 Ginsenoside Rb1 reduced myocardial inflammation, hypertrophy, fibrosis, and apoptosis in diabetic mice. **(A)** Representative images of hematoxylin–eosin (HE) staining and **(B)** cross-sectional areas in indicated groups. **(C)** Representative images of Masson staining and **(D)** statistical analyses of fibrotic ratios in different groups. **(E)** Representative TUNEL staining images and **(F)** statistical analyses of cardiomyocyte apoptotic index in six groups. Scale bar, 50 μ m. Data are expressed as the mean \pm SEM (n = 3–6). ***p<0.001 or *p<0.05 vs model group; ###p<0.001 vs the control.