

Correction: Middle East Consensus Statement on the Diagnosis and Management of Functional Gastrointestinal Disorders in <12 Months Old Infants

Yvan Vandenplas, Muath Abdurrahman Alturaiki*, Wafaa Al-Qabandi[†], Fawaz AlRefaee[†], Ziad Bassil[§], Bassam Eid^{||}, Ahmed El Beleidy[¶], Ali Ibrahim Almehaidib^{**}, Pierre Mouawad^{††}, and Maroun Sokhn^{§,††}

*Department of Pediatrics, Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel, Brussels, Belgium, *Department of Pediatrics, King Salman Hospital, Riyadh, Saudi Arabia, [†]Faculty of Medicine, Kuwait University, Kuwait City, Kuwait, [‡]Department of Pediatrics, Al Adan Hospital, Kuwait City, Kuwait, [§]Department of Pediatric Gastroenterology, Hepatology and Pediatric Nutrition, St. Joseph Hospital, Beirut, Lebanon, ^{||}Department of Pediatric Gastroenterology, Hotel Dieu de France, Beirut, Lebanon, [¶]Department of Pediatrics, Cairo University, Cairo, Egypt, ^{**}Department of Pediatric Gastroenterology, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia, ^{††}Department of Pediatric Gastroenterology, St. Georges Orthodox, Beirut, Lebanon*

Correction: Pediatr Gastroenterol Hepatol Nutr 2016;19:153-161
<https://doi.org/10.5223/pghn.2016.19.3.153>

The authors wish to make the following corrections to Table 4 and Fig. 3.

In Table 4, the last sentence should be added.

In Fig. 3, some contents should be added on the bottom right.

The corrected Table and Figure are shown below.

Table 4. Caution When Assessing Evidence with Probiotics

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- On an average, the probiotic *Lactobacillus reuteri* decrease crying time with only one hour approximately [18-21].
 - The published evidence on *L. reuteri* DSM 17938 is limited to the drops containing the bacilli, and there are no existing PubMed published studies that show positive results on *L. reuteri*-containing infant formula.
 - Limited evidence suggests that the use of fermented formula with LactofidusTM can be effective in treatment of infantile colic.
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Corresponding author: Yvan Vandenplas, Department of Pediatrics, Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel, Laarbeeklaan 101, 1090 Brussels, Belgium. Tel: +32-2-477-57-81, Fax: +32-2-477-57-83, E-mail: yvan.vandenplas@uzbrussel.be

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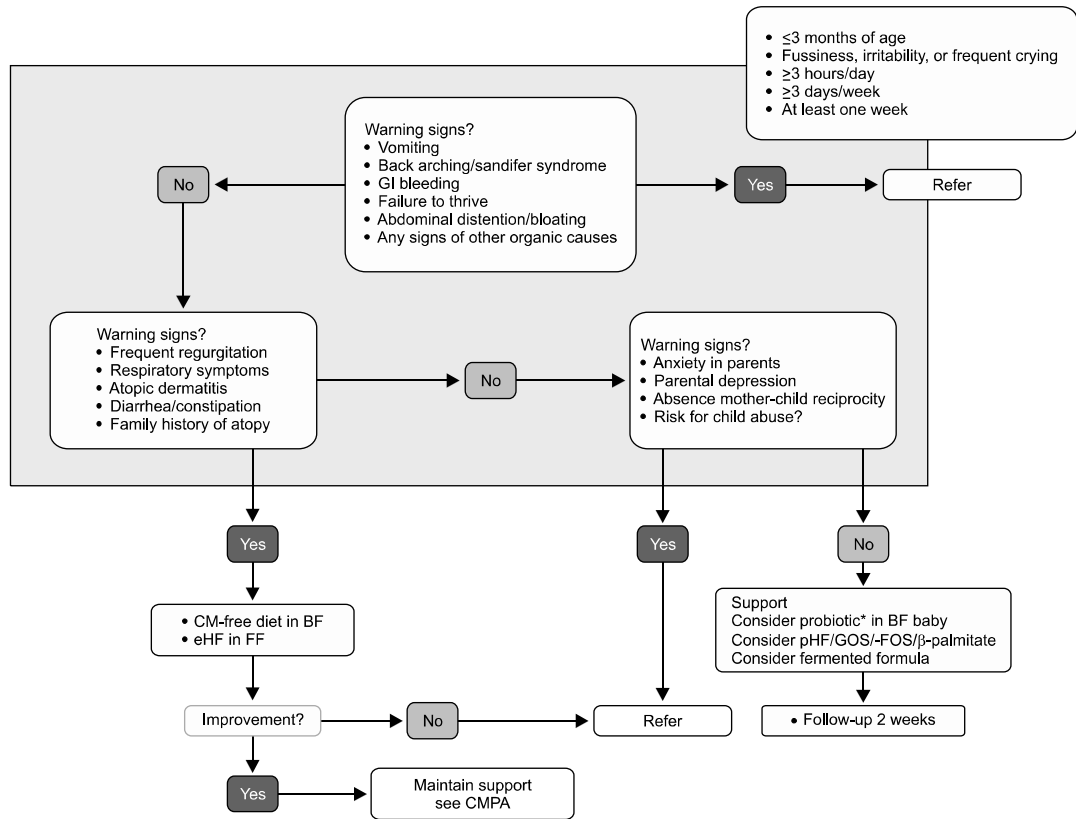


Fig. 3. Algorithm for infantile colic. GI: gastrointestinal, CM-free: cow’s milk-free, BF: breastfed, eHF: extensively hydrolyzed formula, FF: formula fed, CMA: cow’s milk protein allergy, L: *Lactobacillus*, pHF: partially hydrolyzed formula, GOS: galacto-oligosaccharides, FOS: fructo-oligosaccharides. *Evidence only for *L. reuteri* DSM 17938 (breastfed>formula fed).