

CORRECTION

Correction: Pain in dystonia: investigating its role as a non-motor symptom with a focus on oromandibular dystonia

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In the originally published article [1] (DOI: 10.22514/sv.2025.023), post-publication review identified a formatting error in Table 2. An additional “Mild Pain” column was inadvertently included, causing the percentages for oromandibular dystonia to incorrectly sum to 120%.

In collaboration with the authors, the following correction has been made in this Correction:

1. Table 2—Correction of pain distribution

The table has been revised to reflect the correct binary categorization (Moderate & Severe Pain vs. Mild & No Pain) based on the raw data. The corrected Table 2 is as follows:

TABLE 2. Distribution of pain presence by dystonia localization.

	Moderate & Severe Pain	Mild & No Pain
Cervical Dystonia	N = 9 (31.03%)	N = 20 (68.07%)
Blepharospasm	N = 3 (23.07%)	N = 10 (76.93%)
Oromandibular Dystonia	N = 6 (60%)	N = 4 (40%)
Hemi dystonia	N = 1 (25%)	N = 3 (75%)
Generalized Dystonia	N = 0 (0%)	N = 5 (100%)

2. Fig. 1—Correction

Fig. 1 has been revised accordingly to match the corrected Table 2. The updated Fig. 1 is as follows:

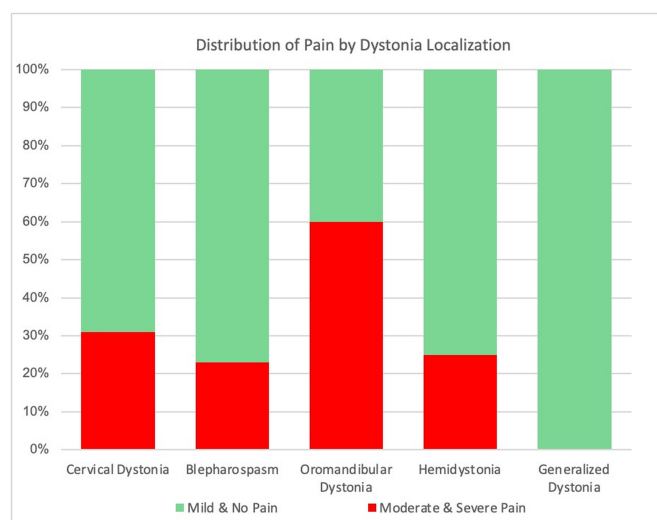


FIGURE 1. Bar graph of the pain prevalence by dystonia type (Cited in Examination of the Pain Presence section in results).

The authors confirm that these corrections are limited to a table formatting error. The underlying raw data, statistical analyses, results, interpretations, and primary conclusions of the original study remain unchanged.

The authors sincerely apologize for this oversight and any inconvenience caused. This Correction has been approved by the Editor-in-Chief. The original article PDF remains available as published and has not been altered. Readers are advised to refer to this Correction for the revised Table 2 and Fig. 1.

REFERENCES

- [1] Gonul Oner O. Pain in dystonia: investigating its role as a non-motor symptom with a focus on oromandibular dystonia. Signa Vitae. 2025; 21: 79–86.