Neurochem Res (2019) 44:507–508
DOI 10.1007/s11064-017-2412-8

AUTHOR CORRECTION

Correction to: The Purine Salvage Pathway and the Restoration of Cerebral ATP: Implications for Brain Slice Physiology and Brain Injury

Bruno G. Frenguelli[1]

Published online: 25 October 2017

Correction to: Neurochem Res
DOI 10.1007/s11064-017-2386-6

The original version of Figure 4A contained superfluous text. This has now been removed. The correct Fig. 4 is given below:

The online version of the original article can be found under doi:10.1007/s11064-017-2386-6.

✉ Bruno G. Frenguelli
b.g.frenguelli@warwick.ac.uk

[1] School of Life Science, University of Warwick, Coventry CV4 7AL, UK

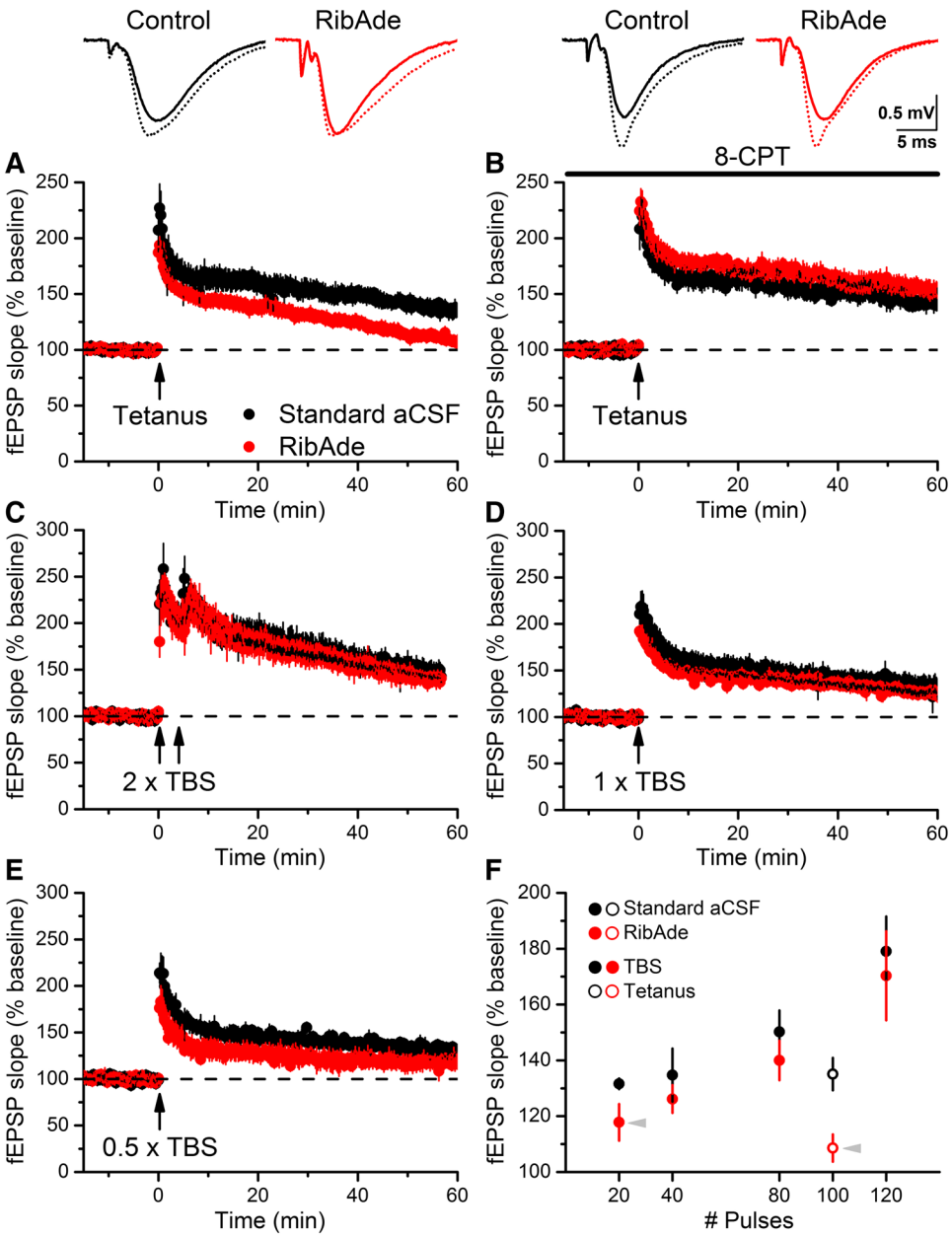

Fig. 4 Elevating cellular ATP with RibAde inhibits LTP via adenosine A_1Rs. **a** LTP induced by a tetanus (100 Hz/1 s; arrow) resulted in robust LTP in standard aCSF, but steadily decremented to baseline in slices pre-incubated in RibAde. **b** This decrementing LTP was prevented by the adenosine A_1R antagonist 8-CPT (1 μM). Inset are fEPSPs taken before (solid lines) and at 60 min after the induction of LTP (dashed lines) in standard aCSF (control) and RibAde-treated slices. **c–e** Decreasing the number of TBS pulses (80, 40, 20, respectively) induced LTP, which is consistently lower in RibAde-treated slices. 20 TBS pulses (0.5× TBS; **e**) failed to induce significant LTP above baseline. **f** Summary of LTP at 60 min induced in **a** (tetanus; open symbols), **c–e**. Data for 120 pulses from the LTP (at 30 min) induced by 3× TBS used to evoke the adenosine release in Fig. 5A. Grey arrowheads indicate where LTP was not significantly greater than baseline in RibAde-treated slices. A two-way ANOVA (standard aCSF or RibAde treatment vs number of pulses) showed a significant effect of treatment on the LTP evoked by the various stimulation protocols ($F_{1,51} = 6.47688$; $p = 0.014$). Adapted from [23]