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## Corrigendum to “Exosomes from TNF- $\alpha$ -treated human gingiva-derived MSCs enhance M2 macrophage polarization and inhibit periodontal bone loss” [*Acta Biomaterialia* 2021, 122, 306-324]

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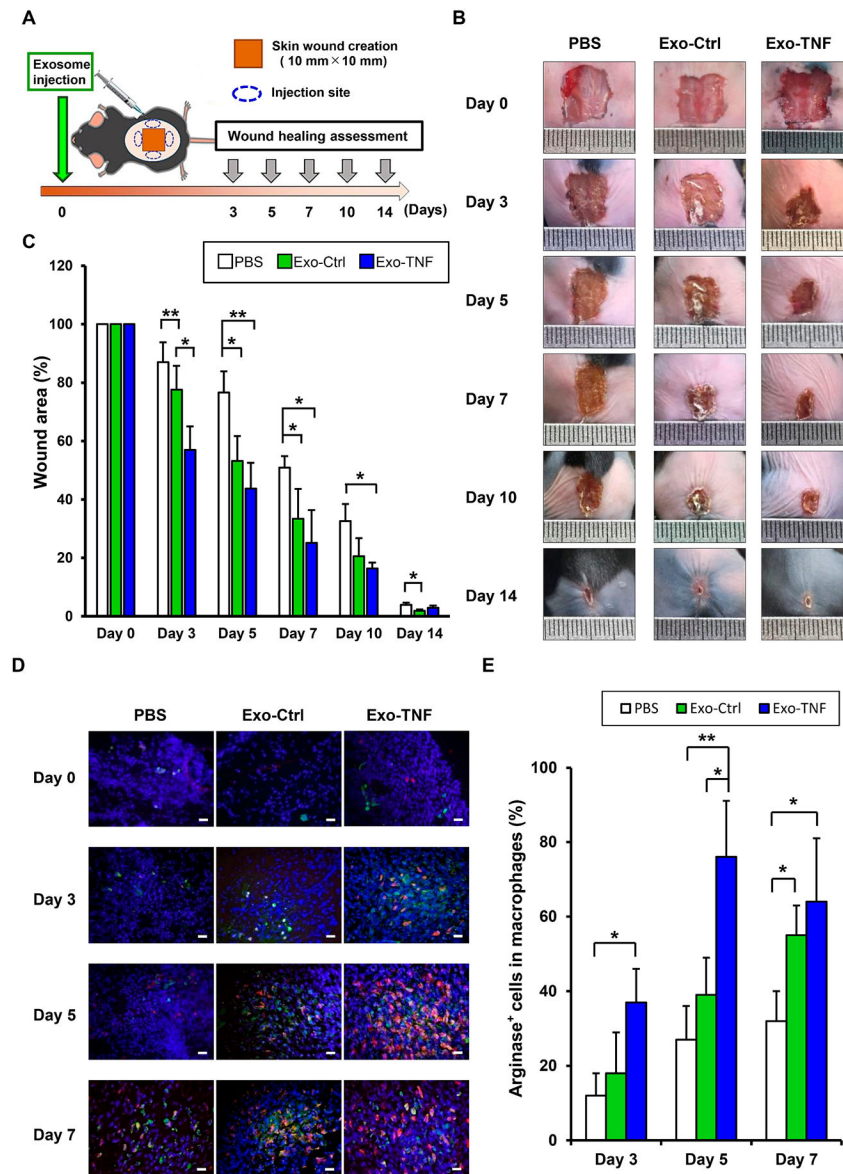
The authors regret to report that a duplicate image was published in Fig. 3D. The image of Exo-TNF Day 0 was the same as PBS Day 5. Below is a corrected full Fig. 3 with the original figure caption. This error does not affect the results of Fig. 3 or the conclusions of the study. The authors sincerely apologize for any inconvenience caused.

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**Fig. 3.** Therapeutic effect of GMSC-derived exosomes on skin wound healing in mice (A) Schematic illustration for skin wound healing mouse model and local administration of exosomes. (B) Representative healing process of cutaneous wounds in each group. A full-thickness 10 mm<sup>2</sup> wound was made in C57BL/6 mice. Either placebo (PBS) or GMSC-derived exosomes (Exo-Ctrl), or TNF- $\alpha$ -preconditioned GMSC-derived exosomes (Exo-TNF) (200  $\mu$ g) dissolved in PBS (200  $\mu$ L) were injected subcutaneously as illustrated. (C) Wound closure kinetics (n = 5). The percentage of wound area was calculated as: (area of original wound – area of measured wound)/area of original wound  $\times$  100. (D) M2 macrophage detection in each wound. Frozen sections of full-thickness incisional skin wounds from mice after treatment with or without GMSC-derived exosomes for different days were immune-stained with DAPI (blue), F4/80 (green), and arginase-1 (red). Scale bar = 50  $\mu$ m. (E) Quantification of the percentage arginase+ cells in F4/80+ cells according to

immunofluorescence analysis. \* $p < 0.05$ , \*\* $p < 0.01$ . Error bars represent means  $\pm$  SD. Data were analyzed using independent unpaired two-tailed Student's t-tests.

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