CORRECTION

Correction: Acetyl-L-carnitine in the Treatment of Peripheral Neuropathic Pain: A Systematic Review and Meta-analysis of Randomized Controlled Trials

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In Figs 2, 3, and 4, a trial named "Onofrj, 1995" should not be included. Please see the corrected figures here.

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Study or Subgroup	ALC Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI
De Grandis, 2002	-1.93	2.09	95	-0.35	1.1	104	40.3%	-1.58 [-2.05, -1.11]	
Sima, UC, 2005	-2.53	2.875	70	-0.972	3.112	48	16.0%	-1.56 [-2.67, -0.45]	
Sima, UCE, 2005	-2.175	3.458	58	-1.451	2.749	61	15.6%	-0.72 [-1.85, 0.40]	
Youle, 2007	-1.32	1.84	43	-0.61	1.55	44	28.0%	-0.71 [-1.43, 0.01]	
Total (95% CI)			266			257	100.0%	-1.20 [-1.72, -0.68]	

Heterogeneity: Tau² = 0.12; Chi² = 5.18, df = 3 (P = 0.16); I² = 42%
Test for overall effect: Z = 4.54 (P < 0.00001)
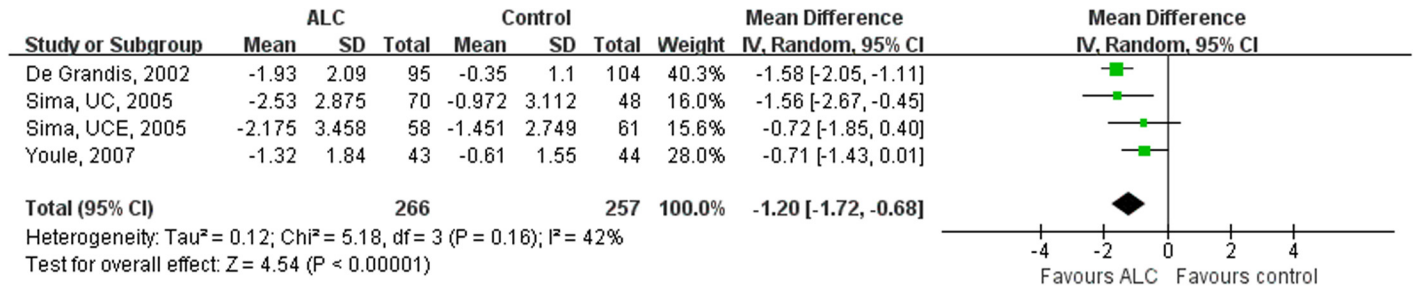
Favours ALC   Favours control

Fig 2. Overall Meta-analysis on the VAS Scores. Patients receiving ALC showed significantly more reduction in VAS scores than those receiving placebo. The values presented referred to the change of VAS scores from baseline. VAS = Visual Analogue Scale; ALC = acetyl-l-carnitine; UCE = U.S.-CanadianEuropean Study; UC = U.S.-Canadian Study; SD = standard deviation; CI = confidence interval.
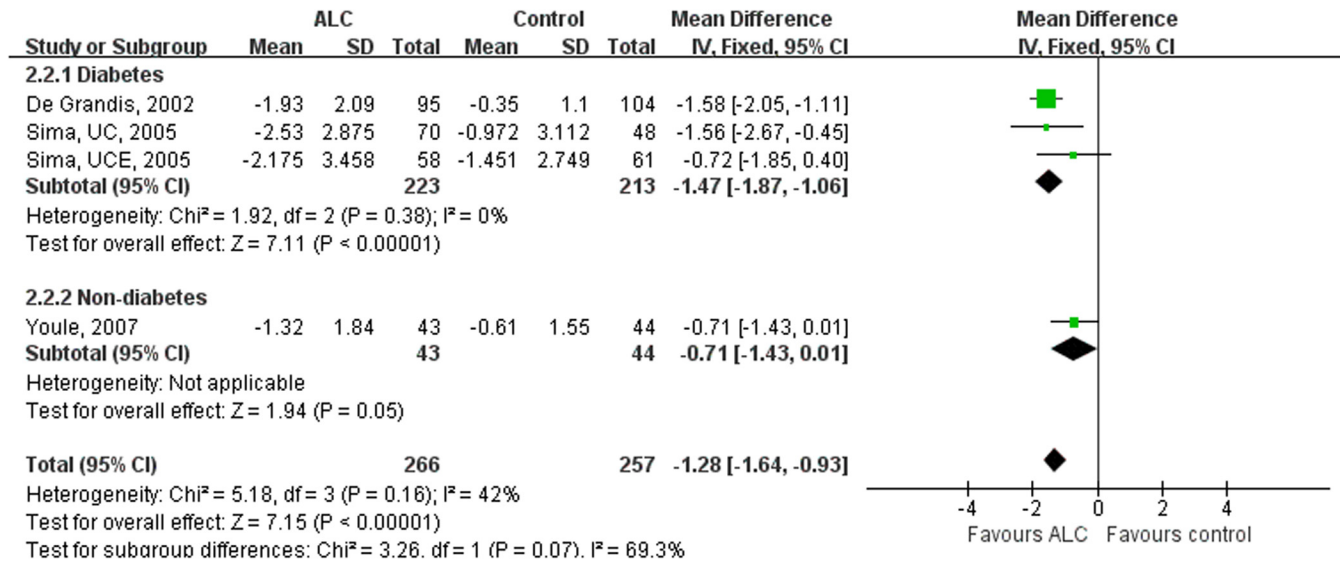
doi:10.1371/journal.pone.0129991.g001

Study or Subgroup	ALC Mean	SD	Total	Control Mean	SD	Total	Mean Difference IV, Fixed, 95% CI	Mean Difference IV, Fixed, 95% CI
2.2.1 Diabetes								
De Grandis, 2002	-1.93	2.09	95	-0.35	1.1	104	-1.58 [-2.05, -1.11]	
Sima, UC, 2005	-2.53	2.875	70	-0.972	3.112	48	-1.56 [-2.67, -0.45]	
Sima, UCE, 2005	-2.175	3.458	58	-1.451	2.749	61	-0.72 [-1.85, 0.40]	
Subtotal (95% CI)			223			213	-1.47 [-1.87, -1.06]	

Heterogeneity: Chi² = 1.92, df = 2 (P = 0.38); I² = 0%
Test for overall effect: Z = 7.11 (P < 0.00001)

Study or Subgroup	ALC Mean	SD	Total	Control Mean	SD	Total	Mean Difference IV, Fixed, 95% CI	Mean Difference IV, Fixed, 95% CI
2.2.2 Non-diabetes								
Youle, 2007	-1.32	1.84	43	-0.61	1.55	44	-0.71 [-1.43, 0.01]	
Subtotal (95% CI)			43			44	-0.71 [-1.43, 0.01]	

Heterogeneity: Not applicable
Test for overall effect: Z = 1.94 (P = 0.05)

Total (95% CI)			266			257	-1.28 [-1.64, -0.93]	

Heterogeneity: Chi² = 5.18, df = 3 (P = 0.16); I² = 42%
Test for overall effect: Z = 7.15 (P < 0.00001)
Test for subgroup differences: Chi² = 3.26, df = 1 (P = 0.07), I² = 69.3%

Favours ALC   Favours control

Fig 3. Subgroup-analysis on the VAS Scores of the Diabetic and Non-diabetic Patients. Subgroup-analysis was performed by subdividing RCTs according to whether the peripheral neuropathy diagnosed in patients was diabetic or non-diabetic. Taking ALC decreased VAS scores significantly in diabetic patients. VAS = Visual Analogue Scale; ALC = acetyl-l-carnitine; UCE = U.S.-Canadian-European Study; UC = U.S.-Canadian Study; SD = standard deviation; CI = confidence interval.
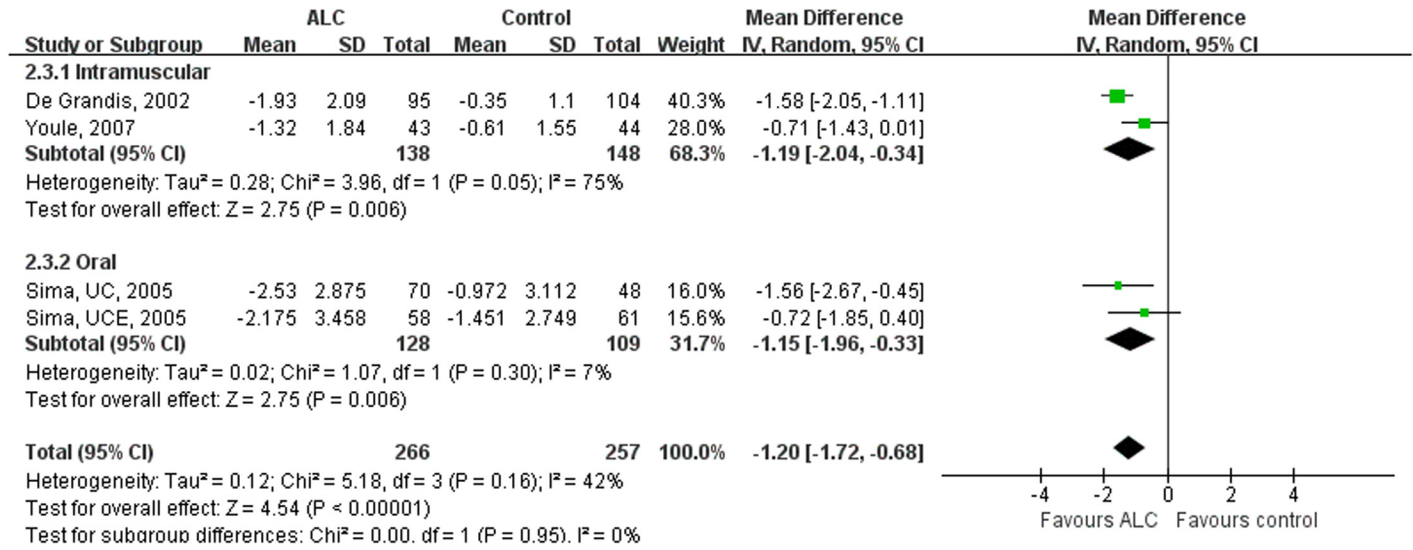
doi:10.1371/journal.pone.0129991.g002

Fig 4. Subgroup-analysis on the VAS Scores by Subdividing RCTs according to the Route of Administration. Oral administration of ALC decreased VAS scores significantly. VAS = Visual Analogue Scale; ALC = acetyl-l-carnitine; UCE = U.S.-Canadian-European Study; UC = U.S.-Canadian Study; SD = standard deviation; CI = confidence interval.

doi:10.1371/journal.pone.0129991.g003

Reference

1. Li S, Li Q, Li Y, Li L, Tian H, Sun X (2015) Acetyl-L-Carnitine in the Treatment of Peripheral Neuropathic Pain: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. PLoS ONE 10(3): e0119479. doi: 10.1371/journal.pone.0119479