



Correction to: Hyperglycaemia cause vascular inflammation through advanced glycation end products/early growth response-1 axis in gestational diabetes mellitus

Barathi Rajaraman¹ · Nirupama Ramadas¹ · Sundar Krishnasamy¹ · Vidya Ravi² · Atima Pathak³ · C. S. Devasena³ · Krishnan Swaminathan⁴ · Arunkumar Ganeshprasad¹ · Ashok Ayyappa Kuppuswamy¹ · Srinivasan Vedantham¹

Published online: 15 December 2021
© Springer Science+Business Media, LLC, part of Springer Nature 2021

Correction to:

Molecular and Cellular Biochemistry (2019) 456:179–190
<https://doi.org/10.1007/s11010-019-03503-0>

In the original publication of the article, Table 1 was published incorrectly. The correct version of Table 1 is provided in this correction.

The original article can be found online at <https://doi.org/10.1007/s11010-019-03503-0>.

✉ Srinivasan Vedantham
srinivasan.vedantham@gmail.com

- ¹ School of Chemical and Biotechnology, SASTRA Deemed to be University, Thanjavur, Tamil Nadu, India
- ² Dept. of Obstetrics & Gynaecology, K.A.P. Vishwanatham Government Medical College, Trichy, Tamil Nadu, India
- ³ Dept. of Obstetrics & Gynaecology, Kovai Medical Centre and Hospital, Coimbatore, Tamil Nadu, India
- ⁴ Dept. of Endocrinology, Kovai Medical Centre and Hospital, Coimbatore, India

Table 1 Clinical characteristics and anthropometric measures of the study subjects

Status of the women	Non-GDM (<i>n</i> =20)	GDM (<i>n</i> =19)	<i>p</i> value
Age (years)	26.17 ± 0.6824	28.73 ± 1.471	0.0561
*Baby birth weight (kg)	2.972 ± 0.1281 (<i>n</i> =6)	2.425 ± 0.1884 (<i>n</i> =9)	0.0933
*BMI (kg/m ²)	26.93 ± 1.029 (<i>n</i> =12)	30.68 ± 0.9738 (<i>n</i> =9)	0.0189**
*Systolic BP (mm Hg)	122 ± 3.266 (<i>n</i> =10)	114.6 ± 3.125 (<i>n</i> =13)	0.1213
*Diastolic BP (mm Hg)	78.8 ± 2.332 (<i>n</i> =10)	76.92 ± 1.748 (<i>n</i> =13)	0.5178
FBS (mg/dl)	80.42 ± 1.433	107.1 ± 3.661	0.0001**
PPBS (mg/dl)	136.3 ± 3.838	165.4 ± 7.343	0.023**

Data presented as mean ± SEM

*Data available in subset

** *p*<0.05

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.