

**Corrigendum**

## Correction: Middle East Consensus Statement on the Diagnosis and Management of Functional Gastrointestinal Disorders in <12 Months Old Infants

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The authors wish to make the following corrections to Table 4 and Fig. 3.

In Table 4, the last sentence should be added.

In Fig. 3, some contents should be added on the bottom right.

The corrected Table and Figure are shown below.

**Table 4.** Caution When Assessing Evidence with Probiotics

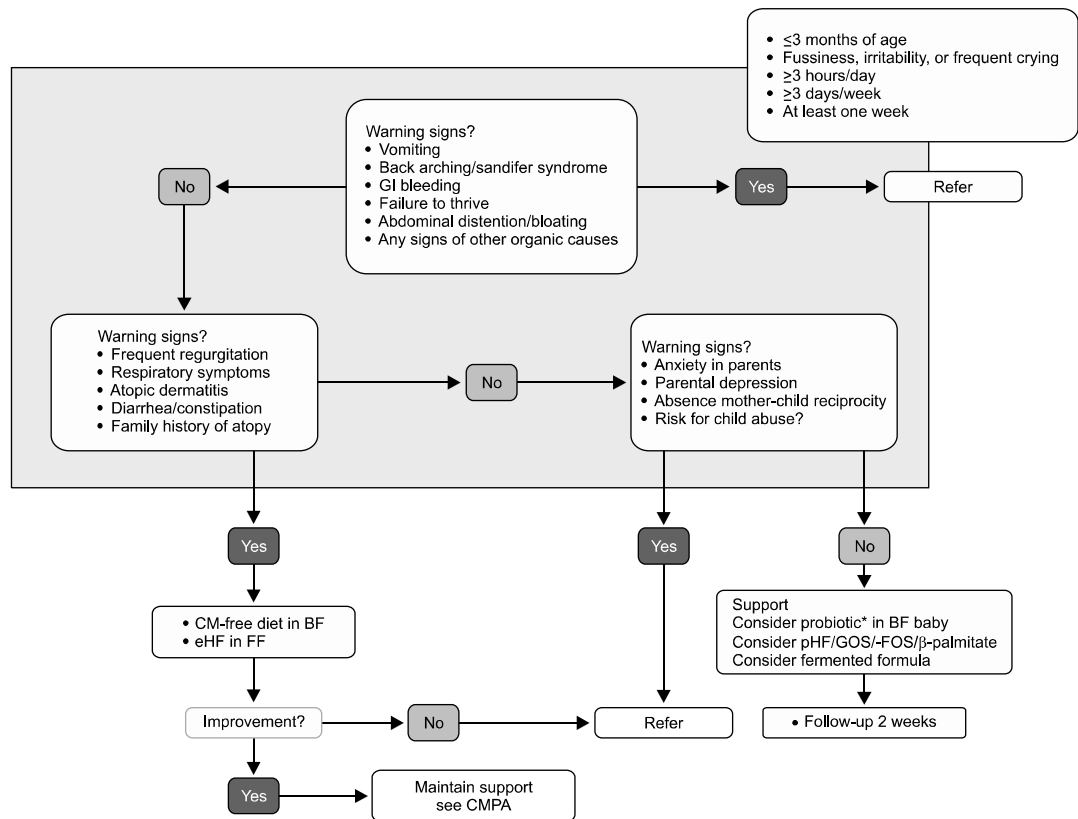
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- On an average, the probiotic *Lactobacillus reuteri* decrease crying time with only one hour approximately [18-21].
  - The published evidence on *L. reuteri* DSM 17938 is limited to the drops containing the bacilli, and there are no existing PubMed published studies that show positive results on *L. reuteri*-containing infant formula.
  - Limited evidence suggests that the use of fermented formula with Lactofidus<sup>TM</sup> can be effective in treatment of infantile colic.
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**Fig. 3.** Algorithm for infantile colic. GI: gastrointestinal, CM-free: cow's milk-free, BF: breastfed, eHF: extensively hydrolyzed formula, FF: formula fed, CMPA: cow's milk protein allergy, L: *Lactobacillus*, pHF: partially hydrolyzed formula, GOS: galacto-oligosaccharides, FOS: fructo-oligosaccharides. \*Evidence only for *L. reuteri* DSM 17938 (breastfed>formula fed).