



Corrigendum: A Novel Mechanism of Carvedilol Efficacy for Rosacea Treatment: Toll-Like Receptor 2 Inhibition in Macrophages

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A Corrigendum on

A Novel Mechanism of Carvedilol Efficacy for Rosacea Treatment: Toll-Like Receptor 2 Inhibition in Macrophages

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In the original article, there was a mistake in **Figure 1** as published. In **Figure 1A**, the y-axis of the top graph was labelled “CD68 staining score”, when it should have been labelled “TLR2 staining score”. The corrected **Figure 1** appears below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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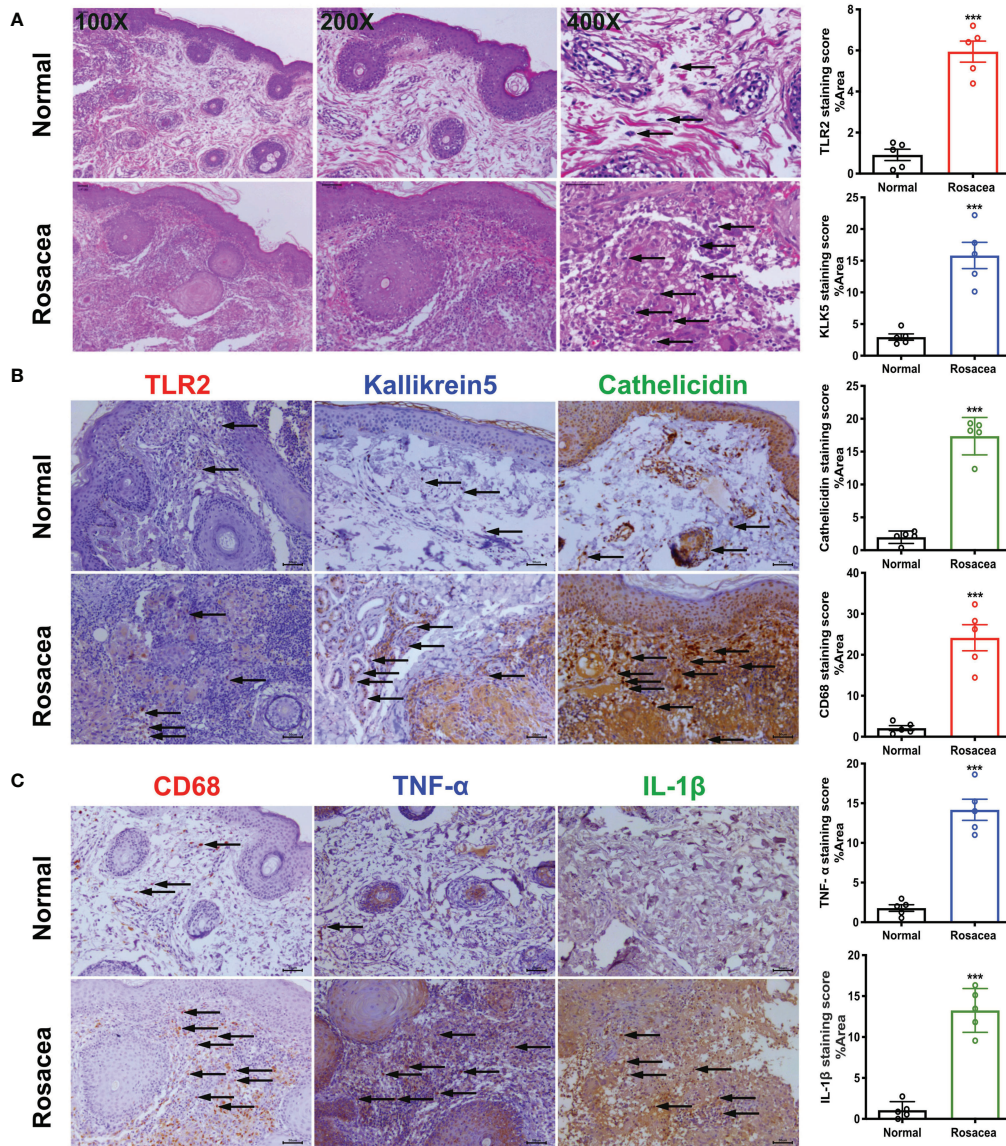


FIGURE 1 | Inflammatory cells especially macrophages are abundant in rosacea skin, together with cathelicidin. The skin lesions ($n = 5$) of individuals with rosacea were biopsied and embedded into wax blocks. **(A)** Profound accumulation of inflammatory cells can be observed in the skin samples stained by HE. The pictures were taken under $\times 100$, $\times 200$, and $\times 400$ magnification. **(B)** TLR2, KLK5, and cathelicidin are abundant in lesional skin of individuals with rosacea as detected by immunochemical staining; the pictures were taken under $\times 200$ magnification. **(C)** Macrophages in lesional skin of individuals with rosacea as examined by immunohistochemistry with an antibody against CD68, and inflammatory reactions determined by staining with antibodies against TNF- α and IL-1 β . The pictures were taken under $\times 200$ magnification; *** $P < 0.001$ ($n = 5$).