Check for updates

OPEN ACCESS

APPROVED BY Frontiers Editorial Office, Frontiers Media SA, Switzerland

*CORRESPONDENCE Nan Zhang Zhangnan@jlu.edu.cn Luping Zhang Zhangluping@jlu.edu.cn

[†]These authors have contributed equally to this work

RECEIVED 05 January 2025 ACCEPTED 10 January 2025 PUBLISHED 27 January 2025

CITATION

Wang H, Li S, Zhang L and Zhang N (2025) Corrigendum: The role of fecal microbiota transplantation in type 2 diabetes mellitus treatment. *Front. Endocrinol.* 16:1555601. doi: 10.3389/fendo.2025.1555601

COPYRIGHT

© 2025 Wang, Li, Zhang and Zhang. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Corrigendum: The role of fecal microbiota transplantation in type 2 diabetes mellitus treatment

Huimei Wang, Shuo Li, Luping Zhang*[†] and Nan Zhang*[†]

Department of Gastroenterology, The First Hospital of Jilin University, Changchun, China

KEYWORDS

type 2 diabetes mellitus, fecal microbiota transplantation, gut microbiota, dysbiosis, metabolites

A Corrigendum on

The role of fecal microbiota transplantation in type 2 diabetes mellitus treatment

By Wang H, Li S, Zhang L and Zhang N (2024) Front. Endocrinol. 15:1469165. doi: 10.3389/fendo.2024.1469165

In the published article, there was an error in the order of the figures as published. The content of the figures is correct, but the sequence was not in order: Figure 3 should have appeared as **Figure 1**, Figure 1 should have appeared as **Figure 2**, and Figure 2 should have appeared as **Figure 3**. The corrected figures and their captions appear 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.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.



FIGURE 1

Intestinal changes in T2DM. The disordered gut microflora enters the gut tissue through the impaired gut barrier, activating the nucleotide oligomerization domain (NOD)-like receptors (NLRs) signaling pathway of macrophages and the MyD88-dependent TLRs signaling pathway of dendritic cells, and jointly activating Th 1 and Th 17, leading to the occurrence of inflammation. Lipopolysaccharides (LPS) is also involved in inflammation through Toll-like receptors (TLRs). The decrease of Sort-chain fatty acids (SCFAs) leads to the decrease of peptide YY (PYY) through G protein-coupled receptor (GPCR) 41, which in turn leads to the decrease of gut multipation durinent absorption function. At the same time, the decrease of SCFAs, secondary bile acids, indole and Trimethylamine N-Oxide (TMAO) can lead to the decrease of glucagon-like peptide (GLP) and insulin sensitivity through different ways, and then lead to insulin resistance and blood sugar increase.





FIGURE 3

The disrupted microbiota in T2DM patients restored after FMT. Transplantation of healthy microbiota isolated from fecal sample of healthy donor can restore the disrupted microbiota of T2DM patients.