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Correction: The auditory outcomes in non-blast related traumatic brain injury and the role of severity, aetiology and gender: a scoping review

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traumatic brain injury, auditory, hearing loss, tinnitus, hyperacusis, TBI severity, aetiology, gender

A Correction on

The auditory outcomes in non-blast related traumatic brain injury and the role of severity, aetiology and gender: a scoping review

by Bölükbaş, K., Edwards, L., Phillips, O. R., and Fackrell, K. (2025). *Front. Neurol.* 16:1589117. doi: 10.3389/fneur.2025.1589117

In the published article an error was identified regarding the reference numbers in Table 1 as published. The old version appears below:

Ref	Country	Study Design	Research Aim	Sample Size and age range (years)	Gender	Severity of TBI	Criteria of severity	Fall	MVA	Assault	Sports injury	Multiple	Other	Time of audiological assessment	Pre-TBI status
Malec et al. (112)	USA	Prospective study	(1) investigate the presence of auditory symptoms in patients with TBI with normal hearing and (2) their impact on audiometric quality of life indicators	31 (18–44 yrs)	M = 1 F = 21	Mild (n22) Moderate-Severe (9)	Mayo TBI severity classification (113)	✓	✓	✓	✓	✓	✓	Mean: 70.1 (±53.1) mths	No significant audiosensorial signs, symptoms, pathologies, no significant noise exposure and no neurological and psychiatric history
American Congress of Rehabilitation Medicine (113)	USA	Prospective study	To determine the auditory symptomatology and the impact of these symptoms on quality of life in patients with a history of non-blast mTBI	52 mTBI (18–81 yrs) 55 Control (18–80 yrs)	mTBI: M = 14, F = 38 Control: M = 24, F = 31	Mild (n52)	ACRM criteria (114)	✓	✓	✓	✓	✓	✓	Range: 5–1–96 mths	No significant audiosensorial signs, symptoms, pathologies, no significant noise exposure and no neurological and psychiatric history

As shown in the Table above, in the first and second lines, the studies by Knoll et al. (82) and Knoll et al. (74) were mistakenly replaced with the references of the severity classification systems (Malec et al. and the American Congress of Rehabilitation Medicine) in the author column. The updated version appears below:

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Ref	Country	Study Design	Research Aim	Sample Size and age range (years)	Gender	Severity of TBI	Criteria of severity	Fall	MVA	Assault	Sports injury	Multiple	Other	Time of audiological assessment	Pre-TBI status
Knoll et al. (82)	USA	Prospective study	(1) investigate the presence of auditory symptoms in patients with TBI with normal hearing and (2) their impact on audiometric quality-of-life indicators	31 (19–64 yrs)	M = 1 F = 21	Mild (n22) Moderate–Severe (n9)	Mayo TBI severity classification (112)	✓	✓	✓	✓	✓		Mean: 70.1 (±53.1) mths	No significant audiovestibular signs, symptoms, pathologies, no significant noise exposure and no neurological and psychiatric history
Knoll et al. (74)	USA	Prospective study	To determine the auditory symptomatology and the impact of these symptoms on quality-of-life in patients with a history of non-blast mTBI.	52 mTBI (19–81 yrs) 55 Control ¹ (18–80 yrs)	mTBI: M = 14, F = 38 Control: M = 24, F = 31	Mild (n52)	ACRM criteria (113)	✓	✓	✓	✓	✓	✓	Range: ≤ 1–96 mths	No significant audiovestibular signs, symptoms, pathologies, no significant noise exposure and no neurological and psychiatric history

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As highlighted in red, the first row should list Knoll et al. (82) as the study. The reference in the “Criteria of severity” column should be “Mayo TBI severity classification” with the reference number written inside the parenthesis: Mayo TBI severity classification (112). The second row should list Knoll et al. (74) as the study. The reference in the “Criteria of severity” column should be “ACRM criteria” with the reference number written inside the parenthesis: ACRM criteria (113).

The original version of this article has been updated.

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