



Corrigendum

Corrigendum to “Hypothesis: Metabolic targeting of 5-aminolevulinate synthase by tryptophan and inhibitors of heme utilisation by tryptophan 2,3-dioxygenase as potential therapies of acute hepatic porphyrias” [Med. Hypotheses 131 (2019) 109314]



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An error occurred in Table 5 during the typesetting wherein “Benserazide and Chlorpromazine” were erroneously placed in the extreme right-hand side column, instead of the extreme left-hand-side column. The correct Table is shown below.

Table 5
Classification of safe and unsafe drugs in hepatic porphyrias according to the proposed hypothesis.

Safe drugs (↓ 5-ALAS induction)		Unsafe drugs (↑ 5-ALAS induction)		
↓TDO heme utilisation	↑TDO heme saturation via Trp	↑TDO heme utilisation	Failure to block heme utilisation	Mechanism unknown
Allopurinol	Trp	Barbiturates	Amitriptyline	Chloramphenicol
Aspirin	Adrenaline (↑NEFA)	Carbamazepine	Imipramine	Phenylbutazone
Benserazide	Noradrenaline (↑NEFA)	Estrogens (large dose)	Tranylcypromine	Phenytoin
Chlorpromazine	Morphine (↑NEFA)	Ethanol		
Corticosteroids		Fasting		
Estrogens (low dose)		Glucocorticoids		
Fluoxetine		Griseofulvin (late effect)		
Li ⁺		Progestogens (large dose)		
Lofepramine				
Naloxone (↓ NEFA)				
Paroxetine				
Propranolol (↓ NEFA)				
Progestogens (low doses)				

Abbreviations used: NEFA (non-esterified fatty acids); 5-ALAS (5-aminolevulinate synthase); Trp (tryptophan); TDO (Trp 2,3-dioxygenase: formerly Trp pyrrolase).

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