

Errata for doctoral thesis: A STUDY OF INCIDENCE, CAUSATIVE FACTORS, SYMPTOMS, AND PROGNOSIS IN EPILEPSY WITH ONSET IN THE FIRST TWO YEARS OF LIFE. Version 2, 20220628

Tommy Stödberg 2022

ISBN 978-91-8016-589-1

The Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden

Location	Error	Correction
Abstract, line 23	Genomic	Genomics
List of scientific papers, paper II	<i>Submitted manuscript 2022</i>	<i>Accepted for publication in Epilepsia, decision date 20220531</i>
Page 6, Table 2, row 6, column 2	Connecticut,USA	Rochester, USA
Page 6, Table 3, row 5, column 2	Connecticut,USA	Rochester, USA
Page 14, line 11-13	The cumulative risk at age 40 is increased by 3,3 in epilepsy in general, 7,3 in idiopathic epilepsy and by 7,3 in idiopathic generalized as opposed to 2,0 in idiopathic focal epilepsy.	The incidence of epilepsy in relatives is increased by 3.3 (standardized incidence ratio (SIR) 3.3) in epilepsy in general, 5.5 in idiopathic epilepsy and by 6.0 in idiopathic generalized as opposed to 2.7 in idiopathic focal epilepsy.
Page 21, line 32	P<0.05	p≤0.05
Page 25, Figure 1 Page 25, Figure 2	(No source stated at the end of the figure legends)	From paper I: Stödberg T et al. Epilepsy syndromes, etiologies, and the use of next-generation sequencing in epilepsy presenting in the first 2 years of life: A population-based study. <i>Epilepsia</i> . 2020 Nov;61(11):2486-2499
Page 26, Table 4, row 1, column 4	P<0.05	p≤0.05
Page 26, Table 4 Page 27, Table 5 Page 28, Table 6	(No source stated at the end of the footnotes)	Adapted from paper I: Stödberg T et al. Epilepsy syndromes, etiologies, and the use of next-generation sequencing in epilepsy presenting in the first 2 years of life: A population-based study. <i>Epilepsia</i> . 2020 Nov;61(11):2486-2499
Page 29, Table 7, row 1, column 4	Cerebral palsy	Cerebral palsy plus
Page 29, Table 7	(Explanation of "Cerebral palsy plus" is missing in the footnote)	"Cerebral palsy plus" includes 28 cases of cerebral palsy and 10 cases of similar motor symptoms in progressive metabolic disease.
Page 29, Table 7	(No source stated at the end of the footnote)	From submitted manuscript paper II: Stödberg et al. Outcome at age 7 of epilepsy presenting in the first 2 years of life. A population-based study

Page 29, line 11	cerebral palsy in 33%	cerebral palsy in 24%, similar motor impairments in metabolic disease in 9%
Page 29, line 13	39% and 9%	30%, 9% and 9%
Page 29, line 28	P<0.05	p≤0.05
Page 30, line 2	associated only to cerebral palsy	associated only to cerebral palsy plus (includes cerebral palsy and similar motor symptoms in metabolic disease)
Page 30, Table 8, row 4, column 1	CP	CP plus
Page 30, Table 8, footnote	CP= cerebral palsy.	CP plus= cerebral palsy and similar motor symptoms in metabolic disease
Page 30, Table 8	(No source stated at the end of the footnote)	Adapted from submitted manuscript paper II: Stödberg et al. Outcome at age 7 of epilepsy presenting in the first 2 years of life. A population-based study
Page 31, line 5	genome	exome
Page 31, Figure 4	(No source stated at the end of the figure legend)	Adapted from paper III: Stödberg T et al. Mutations in SLC12A5 in epilepsy of infancy with migrating focal seizures. <i>Nat Commun</i> . 2015 Sep 3;6:8038
Page 32, Figure 5	(No source stated at the end of the figure legend)	From paper III: Stödberg T et al. Mutations in SLC12A5 in epilepsy of infancy with migrating focal seizures. <i>Nat Commun</i> . 2015 Sep 3;6:8038
Page 33, Figure 7	(No source stated at the end of the figure legend)	From paper IV: Stödberg T et al. SLC12A2 mutations cause NKCC1 deficiency with encephalopathy and impaired secretory epithelia. <i>Neurol Genet</i> . 2020 Jul 2;6(4):e478