

Erratum



Erratum: Acute Pulmonary Embolism: Focus on the Clinical Picture

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► This corrects the article “Acute Pulmonary Embolism: Focus on the Clinical Picture” in volume 48 on page 365.

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In the article, some unfortunate errors occurred and we would like to correct the errors as written below. The changes are underlined.

1. In page 366, 3rd line

Before correction

PE risk factors include obesity, immobilization, cigarette use, cancer, surgery, trauma, pregnancy, oral contraceptives or hormone replacement therapies, and a prior history of PE or a known hype-coagulable disorder.

After correction

PE risk factors include obesity, immobilization, cigarette use, cancer, surgery, trauma, pregnancy, oral contraceptives or hormone replacement therapies, and a prior history of PE or a known hypercoagulable disorder.

2. In page 371, 4th line

Before correction

The McConnell sign has been shown to have a specificity of 94% and sensitivity of 77% for diagnosing PE⁵⁶⁾ echocardiographic examination can help in suggesting the presence of preexisting cardiopulmonary disease, such as chronic PAH.⁵⁷⁾

After correction

The McConnell sign has been shown to have a specificity of 94% and sensitivity of 77% for diagnosing PE.⁵⁶⁾ Echocardiographic examination can help in suggesting the presence of preexisting cardiopulmonary disease, such as chronic PAH.⁵⁷⁾

3. In page 371, 7th line

Before correction

Left heart failure with possible pulmonary congestion
Cariogenic pulmonary edema in PE patients may be due to⁷⁸⁾:...

After correction

Left heart failure with possible pulmonary congestion
Cardiogenic pulmonary edema in PE patients may be due to⁷⁸⁾:...

4. In page 371, 2nd line in the last paragraph

Before correction

1) Pseudo-anterior-non-ST-segment elevation myocardial infarction (STEMI)

After correction

1) Pseudo-anterior-non-ST-segment elevation myocardial infarction (NSTEMI)

5. In page 372, 16th line

Before correction

However when the clinical picture is not so clear, It become very difficult to differentiate APE with ST elevation from anterior STEMI.

After correction

However when the clinical picture is not so clear, it becomes very difficult to differentiate APE with ST elevation from anterior STEMI.

6. In page 372, 24th line

Before correction

Numerous studies of submissive and massive PE with these clinical features and no occlusive CAD have been reported.⁷⁴⁾⁷⁵⁾

After correction

Numerous studies of submassive and massive PE with these clinical features and no occlusive CAD have been reported.⁷⁴⁾⁷⁵⁾

7. In page 373, 21st line

Before correction

• AMI (STEMI): Paradoxical embolism through a PFO is the most likely cause of AMI, occurring in approximately 5/1,000 patients.

After correction

• AMI (STEMI): Paradoxical embolism through a PFO is the most likely cause of AMI, in approximately 5/1,000 patients.

8. In page 374, 12th

Before correction

• Syncope may be caused by thrombosis of more than 50% of the lung arterial system, which leads to a sidecrease gnicifcant decrese of cardiac output, followed by arterial hypotension and reduction of cerebral blood flow.

After correction

• Syncope may be caused by thrombosis of more than 50% of the lung arterial system, which leads to a decrease of cardiac output, followed by arterial hypotension and reduction of cerebral blood flow.

9. In page 375, 26th line

Before correction

In the case of a PFO, the occurrence of PE creates higher left atrial pressure that may be one of the elements to explain the shunt and the platypnea orthodeoxia.⁹⁴⁾

After correction

In the case of a PFO, the occurrence of PE creates higher right atrial pressure that may be one of the elements to explain the shunt and the platypnea orthodeoxia.⁹⁴⁾

We deeply apologize for any inconvenience it may have caused.