Corrigendum to: Pulmonary Hypertension in Heart Failure Patients

Sriram D Rao, ¹ Srinath Adusumalli² and Jeremy A Mazurek^{1,3}

Advanced Heart Failure/Transplantation Programme, Division of Cardiovascular Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA, US;
Department of Medicine, Division of Cardiovascular Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA, US;
Pulmonary Hypertension Programme, Division of Cardiovascular Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA, US

Citation: Cardiac Failure Review 2020;6:e30. DOI: https://doi.org/10.15420/cfr.2020.1.1

Open Access: This work is open access under the CC-BY-NC 4.0 License which allows users to copy, redistribute and make derivative works for non-commercial purposes, provided the original work is cited correctly.

In the article by Rao et al. entitled Pulmonary Hypertension in Heart Failure Patients (*Cardiac Failure Review* 2020;6:e05. https://doi.org/10.15420/cfr.2019.09), the following correction should be made.

The authors incorrectly stated that higher TAPSE/PASP correlates with "higher levels of natriuretic peptides, worse systemic and pulmonary haemodynamics and abnormal exercise aerobic capacity", when it should have stated that lower TAPSE/PASP correlates with those outcomes.

The corrected sentence reads:

"Guazzi et al. showed it could be used to prognosticate in HFpEF patients, with lower TAPSE/PASP correlating with higher levels of natriuretic peptides, worse systemic and pulmonary haemodynamics and abnormal exercise aerobic capacity."

The authors and Cardiac Failure Review apologise for this error.