

# Correction to: Spontaneous Coronary Artery Dissection in a Young Man

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The authors would like to make following corrections and addendum to the published article: “Spontaneous Coronary Artery Dissection in a Young Man” [1]. In the “Discussion” section, from line 30 of the right column of page 186, originally published as: “Hypertension and the use of calcium channel blockers are notable risk factors for SCAD recurrence [2, 9]. Reported protective factor against SCAD recurrence was beta-blocker therapy [4, 9]. To prevent the recurrence of SCAD, our patient was promptly started on beta-blocker at the time of diagnosis. In light of a high frequency of recurrent SCAD events, the patients who have experienced SCAD should be closely followed for a potential recurrence.”

The correct sentence should be: “Hypertension with underlying history of SCAD are notable risk factors for SCAD recurrence [2, 9]. Reported protective factor against SCAD recurrence was beta-blocker therapy [4, 9]. To prevent the recurrence of SCAD, our patient was promptly started on beta-blocker at the time of diagnosis. Due to the risk of recurrence, patients who have experienced SCAD should be closely monitored as well, with appropriate measures taken to prevent such events.”

Likewise, in the “Discussion” section, from line 5 of the left column of page 187, originally published as: “The prevalence of coronary vasospasm in the patients withstand is known to be 0.9%. This unusual etiology makes our case to be exceedingly rare [10].”

Our primary goal in the above section was to talk about

the prevalence of SCAD and the peculiarity of our case, not the prevalence of coronary vasospasm. Therefore, we would like to aptly amend this statement and equally add an addendum for further clarification as: “The prevalence of SCAD in patients who underwent coronary angiography was about 0.98% based on a study done between 2009 to 2014 from the National inpatient sample (NIS) with approximately 750,000 patients or participants. In the general population, SCAD is estimated to cause Acute coronary syndrome in about 0.1% to 4% of cases. Of note, it is possible that these estimates are likely underreported due to the possibility of the disease being underdiagnosed and misdiagnosed. This unusual presentation makes our case to be exceedingly rare [10].”

Please note that the conclusions earlier outlined within the “Conclusions” section of the original article have not been affected by the above modifications and we hope that the information provided adds to the knowledge of our readers and potential researchers. Likewise, we would like to apologize for this oversight.

## Reference

1. Pak S, Asuka E, Postoev A. Spontaneous coronary artery dissection in a young man. *J Med Cases*. 2020;11(6):185-188. [doi pubmed pmc](#)

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