ERRATUM

Echocardiographic assessment of pulmonary hypertension: a guideline protocol from the British Society of Echocardiography

Daniel X Augustine MD1,*, Lindsay D Coates-Bradshaw2, James Willis PhD1, Allan Harkness MSc3, Liam Ring4, Julia Grapsa PhD5, Gerry Coghlan MD6, Nikki Kaye7, David Oxborough PhD8, Shaun Robinson MSc9, Julie Sandoval10, Bushra S Rana FRCP11, Anjana Siva12, Petros Nihoyannopoulos MD13, Luke S Howard DPhil14, Kevin Fox FRCP15, Sanjeev Bhattacharyya MD16, Vishal Sharma MD17, Richard P Steeds MD18 and Thomas Mathew2,† on behalf of the British Society of Echocardiography Education Committee

1Royal United Hospital Bath NHS Foundation Trust, Bath, UK; 2Nottingham University Hospitals NHS Trust, Nottingham, UK; 3Colchester Hospital NHS Trust, Colchester, UK; 4West Suffolk Hospital NHS Trust, Bury St Edmunds, UK; 5Hammersmith Hospital, Imperial College London, London, UK; 6Royal Free London NHS Foundation Trust – Cardiology, London, UK; 7West Suffolk NHS Foundation Trust, Bury Saint Edmunds, UK; 8Liverpool John Moores University, Research Institute for Sports and Exercise Physiology, Liverpool, UK; 9Papworth Hospital NHS Foundation Trust, Cambridge, UK; 10Leeds Teaching Hospitals NHS Trust, Leeds, UK; 11Papworth Hospital, Cambridge, UK; 12Queen Alexandra Hospital, Portsmouth, UK; 13Imperial College London, NHLI, National Heart & Lung Institute, London, UK; 14Imperial College London, National Pulmonary Hypertension Service, London, UK; 15Hammersmith Hospital, London, UK; 16St Bartholomew’s Hospital, Barts’ Heart Centre, London, UK; 17Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK; 18University Hospital Birmingham and University of Birmingham, Birmingham, UK

Correspondence should be addressed to D X Augustine: daniel.augustine@nhs.net

*(D X Augustine is the Lead Author)
†(Guideline Chairs: V Sharma and T Mathew)

The authors and journal apologise for an error in the above paper, which appeared in the September 2018 issue of Echo Research and Practice (volume 5, pages G11–G24, https://doi.org/10.1530/ERP-17-0071).

The error relates to the calculation of RVSP given on page G13. The original text stated:

‘When estimating right ventricular systolic pressure (RVSP) from the TRV using the Bernoulli equation, the TRV is squared and multiplied by 4, so even small errors in the absolute measurement of TRV can result in significant changes to the estimate of RVSP. Secondly, in order to obtain an estimate of PASP, the RVSP needs to be added to an estimate of the RAP derived from measurement of the inferior vena cava (IVC) dimensions and response to inspiration. However, in many patients, IVC dimensions cannot be obtained and even in those where measurement is possible, the accuracy between echo estimation of RAP and invasive measurement is as low as 34%’.

This should have stated:

‘When estimating the peak pressure difference between the right ventricle (RV) and the right atrium (RA) from the tricuspid regurgitation velocity (TRV) using the simplified Bernoulli equation, the TRV is squared and multiplied by 4, so even small errors in the absolute measurement of TRV can result in significant changes to the estimation of the RV-RA pressure gradient. Secondly, in order to obtain an estimate of pulmonary artery systolic pressure (PASP), an estimate of the right atrial pressure (RAP) (derived from measurement of the inferior vena cava (IVC) dimensions and response to inspiration) needs to be added to the estimate of the RV-RA pressure gradient. However, in many patients, IVC dimensions cannot be obtained and even in those where measurement is possible, the accuracy between echo estimation of RAP and invasive measurement is as low as 34%’.