Corrections

Correction in the article «Aorta Code: a pilot study of a health care network for patients with acute aortic syndrome», *Rev Esp Cardiol.* 2022;75:88-102

Corrección en el artículo «Código Aorta: proyecto piloto de una red asistencial para la atención al paciente con síndrome aórtico agudo», Rev Esp Cardiol. 2022;75:88-102

A series of errors have been detected in the numbers in table 1 and table 2 of the article, "Aorta Code: a pilot study of a health care network for patients with acute aortic syndrome". The correct tables, with the corrected numbers and necessary clarifications, can be found here.

Table 1
Baseline and presenting characteristics of patients with acute aortic syndrome in the 2 periods

Variable	Aorta Code (n = 42)	Care-as-usual (n = 18)	*P*
Age, y	67.1 ± 18.4	63.4 ± 14.2	.403
Male sex	57.1% (24)	77.8% (14)	.129
Diagnosis			
Aortic dissection	80.9% (34)	77.8% (14)	.720
Hypertension	16.7% (7)	22.2% (4)	
DTAA rupture	2.4% (1)	0% (0)	
Type			
A	73.8% (31)	77.8% (14)	.745
B	26.2% (11)	22.2% (4)	
Risk factors			
Hypertension	76.2% (32)	55.6% (10)	.169
Diabetes mellitus	7.1% (3)	5.6% (1)	.821
Hypercholesterolemia	45.2% (19)	22.2% (4)	.172
Smoking	28.6% (12)	27.8% (5)	.950
COPD	11.9% (5)	5.6% (1)	.453
Chronic kidney failure	2.4% (1)	5.6% (1)	.530
Aortic aneurysm	4.8% (2)	11.1% (2)	.576
Signs, symptoms, and complications on admission			
SBP, mmHg	134.6 ± 41.8	132.3 ± 37.2	.840
Chest pain	81% (34)	88.9% (16)	.450
Syncope	19.1% (8)	11.1% (2)	.450
Neurological deficit	16.7% (7)	27.8% (5)	.324
Pulse deficit	19.1% (8)	22.2% (4)	.778
Peripheral ischemia	16.7% (7)	27.8% (5)	.324
Acute renal failure	14.3% (6)	22.2% (4)	.450
Myocardial infarction	11.9% (5)	11.1% (2)	.930
Shock	21.4% (9)	16.7% (3)	.673
Tamponade	19.1% (8)	16.7% (3)	.796
Need for intubation	7.1% (3)	5.6% (1)	.821
Other studies			
Normal electrocardiogram	52.4% (22)	61.1% (11)	.533
Normal chest radiograph	7.1% (3)	5.6% (1)	.821
Hemopericardium	28.6% (12)	33.3% (6)	.712
Pleural effusion	23.8% (10)	22.2% (4)	.894
Hemomediastinum	14.3% (6)	16.7% (3)	.813
Hemothorax	7.1% (3)	0% (0)	.550
Periaortic hematoma	31% (13)	27.8% (5)	.806

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Table 1 *(Continued)*
Baseline and presenting characteristics of patients with acute aortic syndrome in the 2 periods

Variable	Aorta Code (n = 42)	Care-as-usual (n = 18)	*P*
Supra-aortic branch involvement	47.6% (20)	55.6% (10)	.573
True lumen compression	50% (21)	38.9% (7)	.429
Renal artery involvement	47.6% (20)	33.3% (6)	.306
D-dimer level, ng/mL	7187 (4230-54 411)	6817 (2390-49 739)	.871
Maximal aortic diameter, mm	50.3 ± 12.7	51 ± 9.6	.836
Maximal AIH thickness, mm	12 ± 3.9	17.4 ± 9.8	.197

AIH, aortic intramural hematoma; COPD, chronic obstructive pulmonary disease; DTAA, descending thoracic aortic aneurysm; SBP, systolic blood pressure.

In addition, and in line with the corrections, the text in the following paragraph: "Sixty percent of patients with type A AAS [acute aortic syndrome] were treated with the Bentall-De Bono procedure during the care-as-usual period. This percentage fell to 42% after implementation of the project, as 58% were treated with aortic root repair surgery. There was also a relative increase of 80% in the number of complete aortic arch procedures performed (*P* = .09) (table 2)." should be replaced by: "Of the patients requiring aortic root surgery, 60% (3 of 5 patients) were treated with the Bentall-De Bono procedure during the care-as-usual period. This percentage fell to 38.1% (8 of 21 patients) after implementation of the project, due to increases in aortic root repair surgery (9 of 21 patients, 42.9%) and the

Table 2
Treatment and prognosis of patients with acute aortic syndrome in the 2 study periods

Variable	Aorta Code (n = 42)	Care-as-usual (n = 18)	*P*
Time from symptoms to diagnosis, h	4.2 (2.01-8.9)	5.8 (2.5-9.6)	.508
Transfer time, min	150 (114-196)	259 (180-273)	.046
Treatment			
Medical	26.2% (11)	22.2% (4)	.745
Surgical	64.3% (27)	77.8% (14)	.303
Endovascular	14.3% (6)	0% (0)	.091
Complicated AAS before surgery	40.7% (11)[a]	78.6% (11)[a]	.021
Type A AAS surgery	87.1% (27)[b]	92.8% (13)[b]	.569
Surgery (segments)			
Valve	44.4% (12)[c]	30.8% (4)[c]	.408
Root	77.8% (21)[c]	38.5% (5)[c]	.015
Ascending aorta	100% (27)[c]	92.3% (12)[c]	.325
Hemiarch	14.8% (4)[c]	30.8% (4)[c]	.237
Complete arch in type 1 AAS	77.8% (14)[d]	40% (4)[d]	.046
Time in cardiocirculatory arrest, min	27.2 ± 12.5	30.7 ± 14.6	.506
Postoperative complications of type A AAS			
Kidney failure	55.6% (15)[c]	53.9% (7)[c]	.919
Mesenteric ischemia	11.1% (3)[c]	15.4% (2)[c]	.702
Peripheral ischemia	7.4% (2)[c]	0% (0)[c]	> .999
Tamponade	11.1% (3)[c]	7.7% (1)[c]	.736
Myocardial infarction	7.4% (2)[c]	0% (0)[c]	> .999
Neurological complications	37% (10)[c]	30.8% (4)[c]	.697
Reoperation	29.6% (8)[c]	23.1% (3)[c]	.664
Total mortality	23.8% (10)	22.2% (4)	.894
Surgical mortality of type A AAS	22.2% (6)[c]	30.8% (4)[c]	.559

AAS, acute aortic syndrome.
Complicated AAS: patients with AAS who developed any of the following complications before the surgical intervention: poor perfusion, kidney failure, myocardial infarction, tamponade, shock, and neurological complications.
[a] The percentages of this variable are calculated with regard to the group of patients who underwent surgery (27 patients in the Aorta Code group and 14 patients in the Care-as-usual group).
[b] The percentages of this variable are calculated with regard to patients with type A AAS (31 patients in the Aorta Code group and 14 patients in the Care-as-usual group).
[c] The percentages of this variable are calculated with regard to the group of patients with type A AAS who underwent surgery (27 patients in the Aorta Code group and 13 patients in the Care-as-usual group).
[d] The percentages of this variable are calculated with regard to the group of patients with type 1 AAS (involvement of the ascending and descending aorta) who underwent surgery (18 patients in the Aorta Code group and 10 patients in the Care-as-usual group).

David procedure (4 of 21 patients, 19%). There was also a relative increase of 94.5% in the number of complete aortic arch procedures performed for type 1 AAS (77.8% [14] after implementation of the Aorta Code project vs 40% [4] in the care-as-usual period, $P = .0045$) (table 2).''