

CORRECTION

Correction: Combination of lung ultrasound (a comet-tail sign) and N-terminal pro-brain natriuretic peptide in differentiating acute heart failure from chronic obstructive pulmonary disease and asthma as cause of acute dyspnea in prehospital emergency setting

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See related research by Prosen *et al.*, <http://ccforum.com/content/15/2/R114>

Correction

Following publication of our article [1], we noted that Table 2 was published with several incorrect data values. The correct values should be:

Under the “Pulmonary-related dyspnea” column:

- Sex, males/females (%) should read 65.2/34.8
- Cough, Y/N should read 48/41
- Wheezes, Y/N should read 68/21
- ECG-normal sinus rhythm, Y/N should read 72/17
- Asthma / COPD medications (Y/N) should read 78/11
- Previous asthma / COPD (Y/N) should read 70/19

Under the “Acute HF-related dyspnea” column:

- Sex, males/females (%) should read 57.9/42.1
- Nocturnal dyspnea (Y/N) should read 43/86
- Orthopnea (Y/N) should read 39/90
- Rales (Y/N) should read 76/53
- Jugular venous distension (Y/N) should read 30/99
- HF medications (Y/N) should read 83/46
- Previous AMI (Y/N) should read 45/84
- Previous CHF (Y/N) should read 80/49
- Previous asthma / COPD (Y/N) should read 27/102

A copy of the table as it should appear can be found overleaf.

Competing interests

The authors declare that they have no competing interests.

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References

1. Prosen G, Klemen P, Strnad M, Grmec S: **Combination of lung ultrasound (a comet-tail sign) and N-terminal pro-brain natriuretic peptide in differentiating acute heart failure from chronic obstructive pulmonary disease and asthma as cause of acute dyspnea in prehospital emergency setting.** *Critical Care* 2011, **15**:R114.

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Table 2. Univariate analysis for all demographic and clinical variables pertinent to diagnosis of acute HF or pulmonary disease (N = 218)^a

Variables ^b	Pulmonary-related dyspnea (n = 89)	Acute HF-related dyspnea (n = 129)	p-value ^c
Mean age (years)	52.3 + 15.3	70.9 + 11.7	0.001
Sex, males/females (%)	65.2/34.8	57.9/42.1	0.74
Nocturnal dyspnea (Y/N)	6/83	43/86	< 0.001
Orthopnea (Y/N)	7/82	39/90	< 0.001
Cough (Y/N)	48/41	34/95	< 0.001
Sputum production (Y/N)	24/65	8/121	< 0.001
Fever (Y/N)	21/68	7/122	< 0.001
Murmur (Y/N)	8/81	29/100	< 0.001
Rales (Y/N)	10/79	76/53	< 0.001
Wheezes (Y/N)	68/21	47/82	< 0.001
Pulse (rate/min)	115.7 + 14.1	106.3 + 12.8	0.564
Jugular venous distension (Y/N)	3/86	30/99	< 0.001
Lower extremity edema (Y/N)	12/77	62/67	< 0.001
ECG-normal sinus rhythm (Y/N)	72/17	55/72	< 0.001
Asthma/COPD medications (Y/N)	78/11	13/116	< 0.001
HF medications (Y/N)	33/56	83/46	< 0.001
Troponin T > 0.03 ng/mL (Y/N)	8/81	49/80	< 0.001
PetCO ₂ (kPa)	6.9 + 1.6	3.6 + 1.1	0.01
NT-pro BNP (pg/mL)	598.2 + 361.8	2263 + 641.2	0.008
SaO ₂ (%)	75.7 + 10.1	67.9 + 12.8	0.76
Ultrasound examination positive (Y/N)	5/84	129/0	< 0.001
Previous arrhythmia (Y/N)	7/82	52/77	< 0.001
Previous AMI (Y/N)	7/82	45/84	< 0.001
Previous CHF (Y/N)	17/72	80/49	< 0.001
Previous asthma/COPD (Y/N)	70/19	27/102	< 0.001
ETI (Y/N)	3/86	10/119	< 0.001
Modified Boston criteria for diagnosing HF ^d	4.6 + 1.2	10.9 + 1.8	< 0.001

^aY, yes; N, no; petCO₂, partial pressure of end-tidal carbon dioxide; NT-proBNP, amino terminal pro-brain natriuretic peptide; ECG, electrocardiogram; HF, heart failure; CHF, congestive heart failure; AMI, acute myocardial infarction; SaO₂, arterial oxygen saturation; ETI, endotracheal intubation; COPD, chronic obstructive pulmonary disease. ^bResults are presented as means ± standard deviation for normally distributed data or ratio or percentage for other variables. ^cUnivariate comparison was made using the χ^2 test for categorical variables and a t-test for continuous variables. For evaluation of diagnostic accuracy, patients were divided into two groups: HF-related acute dyspnea and pulmonary-related acute dyspnea (COPD/asthma). ^dModified Boston criteria according to Table 1 and Remes *et al.* [6].