

The following errors have been detected in the “ESC Guidelines on the Prevention, Diagnosis, and Treatment of Infective Endocarditis,” published in the December issue of *Revista Española de Cardiología* (Rev Esp Cardiol. 2009;62(12):1465.1e-54e):

– Page 13e, Table 8, under the subheadings “A. Diagnosis” and “D. Following completion of therapy,” the abbreviations TTE and TEE have been reversed. The correct text should read:

#### A. Diagnosis

1. TTE is recommended as the first-line imaging modality in suspected IE
2. TEE is recommended in patients with high clinical suspicion of IE and a normal TTE.
3. Repeat TEE/TTE within 7-10 days in the case of an initially negative examination when clinical suspicion of IE remains high
4. TEE should be considered in the majority of adult patients with suspected IE, even in cases with positive TTE, owing to its better sensitivity and specificity, particularly for the diagnosis of abscesses and measurement of vegetation size
5. TEE is not indicated in patients with a good-quality negative TTE and low clinical suspicion of IE

#### D. Following completion of therapy

TTE is recommended at completion of antibiotic therapy for evaluation of cardiac and valve morphology and function

– Page 22e, Table 14, under the subheading “Penicillin-allergic patients and methicillin-resistant staphylococci,” where it reads ‘Vancomycin, 300 mg/kg/day IV in 2 doses,’ it should read ‘Vancomycin, 30 mg/kg/day IV in 2 doses.’

– Page 25e, subheading 1. “Heart failure in infectious endocarditis.” Where it reads ‘Heart failure can be the cause of aortic or mitral insufficiency...’, it should read ‘Heart failure can be caused by aortic or mitral insufficiency...’.

– Page 28e, Table 19, third point of subheading A, where it reads ‘cardiographic signs,’ it should read ‘echocardiographic signs.’

– Page 34e, Table 21, fourth point, where it reads ‘In patients with intracranial hemorrhage or a mechanical valve,’ it should read ‘In patients with intracranial hemorrhage and a mechanical valve.’

– Page 43e, right column, first paragraph. Where it reads ‘Fever<sup>374</sup> and anemia are less common in elderly patients,’ it should read ‘Fever is less frequent and anemia more common in elderly patients.’

The following error has been detected in the article by Magda Heras et al, “Summary of the Clinical Studies Reported in the European Society of Cardiology Congress 2009 (August 29, 2009-September 2, 2009, Barcelona, Spain),” published in Rev Esp Cardiol. 2009;62:1149-60: in reference 7 of the bibliography, the RE-LY study was cited by mistake rather than the SEPIA-ACS1 TIMI 42 study. The correct reference is:

7. Sabatine M. SEPIA-ACS1 TIMI 42 results: clinical efficacy and safety of otamixaban, an intravenous, selective factor Xa Inhibitor for the treatment of non-ST-elevation acute coronary syndromes [cited August 30, 2009]. Available from <http://www.escardio.org/congresses/esc-2009/congressreports/Pages/706009-706010-sabatinewhite.aspx>

In the article by Alfonso Macías Gallego et al, “Spanish Catheter Ablation Registry. VIII Official Report of the Spanish Society of Cardiology Working Group on Electrophysiology and Arrhythmias (2008),” published in the November issue of *Revista Española de Cardiología* (Rev Esp Cardiol.

2009;62:1276-85), in the list of electrophysiology laboratories on page 1285, under the subheading Cataluña, the name of the physician responsible for the registry at Hospital Mútua de Terrassa is erroneous. The mention should read: Hospital Mútua de Terrassa (Dr. Ibars).