

CORRIGENDUM

Corrigendum to: Staged Revascularization for Chronic Total Occlusion in the Non-IRA in Patients with ST-segment Elevation Myocardial Infarction Undergoing Primary Percutaneous Coronary Intervention: An Updated Systematic Review and Meta-analysis

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The authors regret that there were several errors in their originally-published paper.

The corrections to these errors are detailed below.

1. The corrected version of the Abstract is as follows:

Abstract

Objectives: Meta-analysis was performed to evaluate the effect of staged revascularization with concomitant chronic total occlusion (CTO) in the non-infarct-associated artery (non-IRA) in patients with ST-segment elevation myocardial infarction (STEMI) treated with primary percutaneous coronary intervention (p-PCI).

Methods: Various electronic databases were searched for studies published from inception to June, 2021. The primary endpoint was all-cause death, and the secondary endpoint was a composite of major adverse cardiac events (MACEs). Odds ratios (ORs) were pooled with 95% confidence intervals (CIs) for dichotomous data.

Results: Seven studies involving 1540 participants were included in the final analysis. Pooled analyses revealed that patients with successful staged revascularization for CTO in non-IRA with STEMI treated with p-PCI had overall lower all-cause death (OR, 0.46; 95% CI, 0.23–0.95), cardiac death (OR, 0.43; 95% CI, 0.20–0.91), MACEs (OR, 0.47; 95% CI, 0.32–0.69) and heart failure (OR, 0.57; 95% CI, 0.37–0.89) compared with the occluded CTO group. No significant differences were observed between groups regarding myocardial infarction and repeated revascularization.

Conclusions: Successful revascularization of CTO in the non-IRA was associated with better outcomes in patients with STEMI treated with p-PCI.

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2. On page 214, the first three paragraphs on the left hand side should read as follows:

A total of 75 new MI cases were reported: 4.21% (33/783) in the PCI-CTO group and 5.55% (42/757) in the occluded CTO group. No significant difference was observed between groups (OR, 0.70; 95% CI, 0.43–1.14 [P = 0.10]; Figure 2D).

Seven studies with 1540 patients were included, and moderate heterogeneity was found ($I^2 = 74%$, $P = 0.0008$). No significant differences were observed between groups regarding myocardial infarction (OR = 0.86, 95% CI: 0.66–1.11; Figure 2E).

Four cohort studies were included for the outcome of heart failure, which involved 782 participants and 89 events. Compared with the occluded CTO group, the PCI-CTO group had a lower risk of heart failure (OR = 0.57, 95% CI: 0.37–0.89, $P = 0.01$), with low heterogeneity ($I^2: 0%$; $P = 0.42$; Figure 2F).

3. In the Discussion section on page 214, the second sentence should read as follows:

An RCT and an additional cohort study with longer follow-up time have since been published.