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APPROVED BY
Frontiers Editorial Office,
Frontiers Media SA, Switzerland

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SPECIALTY SECTION
This article was submitted to
Cardiovascular Imaging,
a section of the journal
Frontiers in Cardiovascular Medicine

RECEIVED 08 January 2023
ACCEPTED 09 January 2023
PUBLISHED 02 February 2023

CITATION
El-Saadi W, Engvall JE, Alfredsson J,
Karlsson J-E, Martins M, Sederholm S,
Faisal Zaman S, Ebbers T and Kihlberg J (2023)
Corrigendum: A head-to-head comparison of
myocardial strain by fast-strain encoding and
feature tracking imaging in acute myocardial
infarction. *Front. Cardiovasc. Med.* 10:1140214.
doi: 10.3389/fcvm.2023.1140214

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Corrigendum: A head-to-head comparison of myocardial strain by fast-strain encoding and feature tracking imaging in acute myocardial infarction

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KEYWORDS

cine magnetic resonance imaging, myocardial ischemia, ST elevation myocardial infarction, myocardial stunning, left ventricular dysfunction, left ventricular remodeling

A corrigendum on

A head-to-head comparison of myocardial strain by fast-strain encoding and feature tracking imaging in acute myocardial infarction

by El-Saadi, W., Engvall J, E., Alfredsson, J., Karlsson, J.-E., Martins, M., Sederholm, S., Faisal Zaman, S., Ebbers, T., and Kihlberg, J. (2022). *Front. Cardiovasc. Med.* 9:949440. doi: 10.3389/fcvm.2022.949440

In the published article, measurements in **Table 2** were displaced. A formatting error resulted in strain percentage with confidence interval for the first and third lines were displayed upwards. The published **Table 2** is printed below, followed by the corrected **Table 2** and its caption.

Faulty **Table 2**:

In the published article, three figures that displayed SD in the first paragraph under “Results” were printed as hyperlinks to the list of references.

The authors wish that a correction is made to “Results, scar and ejection fraction” in terms of removing the hyperlinks displayed below. These sentences previously stated:

“Scar and ejection fraction

The subjects were enrolled and treated with the pPCI after identification of the culprit artery in each case. The cohort displayed a median door-to-balloon time of 67 min. The average scar size was 15 (9) % of LVM with a median Troponin-T of 1,640 ng/l, equivalent to 164 × upper level of normal. LGE revealed scars in 240 out of 510 segments (47%) with 122 segments having scar transmuralities <25%, 78 segments between 25 and 49%, and only 40 segments had a transmuralities ≥50%. In 13 patients the LVEF_{CMR} was little affected, LVEF_{CMR} ≥ 50%. Patients with maintained LVEF_{CMR} had smaller scar size 10 (5)% than those with depressed LVEF_{CMR} <50% whose scar size was 19 (10)%, ($p < 0.01$). Patient demographics and CMR imaging characteristics are presented in **Table 1**.”

The corrected sentences appears below:

“The subjects were enrolled and treated with pPCI after identification of the culprit artery in each case. The cohort displayed a median door-to-balloon time of 67 min. Average scar size was 15 (9) % of LVM with a median Troponin-T of 1,640 ng/l, equivalent to 164 x upper level of normal. LGE revealed scar in 240 out of 510 segments (47%) with 122 segments having scar transmuralities < 25%, 78 segments between 25 and 49% and only 40 segments had a transmuralities \geq 50%. In 13 patients the LVEF_{CMR} was little affected, LVEF_{CMR} \geq 50%. Patients with maintained LVEF_{CMR} had smaller scar size 10 (5) % than those with depressed LVEF_{CMR} < 50% whose scar size was 19 (10) %, ($p < 0.01$). Patient demographics and CMR imaging characteristics are presented in Table 1.”

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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Faulty **Table 2:****TABLE 2** Global circumferential and longitudinal strain.

Myocardial strain direction	Mean % (SD)	95% CI for mean
GCS	−13.6 (3.7)	−14.9 to −12.2
Fast-SENC		
FT	−13.6 (3.7)	−15.0 to −12.2
GLS	−14.8 (2.9)	−15.9 to −13.7
Fast-SENC		
FT	−13.0 (2.8)	−14.0 to −11.9
2DEcho	−13.3 (3.7)	−14.7 to −11.9

Global circumferential strain (GCS) and global longitudinal strain (GLS) derived from fast-SENC, FT and 2DEcho. Means and standard deviation (SD) in parenthesis with 95% confidence intervals are presented.

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