CORRECTION

Correction to: Epinephrine and short-term survival in cardiogenic shock: an individual data meta-analysis of 2583 patients

Valentine Léopold¹, Etienne Gayat¹, Romain Pirracchio², Jindrich Spinar³, Jiri Parenica³, Tuukka Tarvasmäki^{4,5}, Johan Lassus⁴, Veli-Pekka Harjola⁴, Sébastien Champion⁶, Faiez Zannad⁷, Serafina Valente⁸, Philip Urban⁹, Horng-Ruey Chua^{10,11,12,13,14}, Rinaldo Bellomo^{10,11,12,13}, Batric Popovic¹⁵, Dagmar M. Ouweneel¹⁶, José P. S. Henriques¹⁶, Gregor Simonis^{17,18}, Bruno Lévy¹⁹, Antoine Kimmoun¹⁹, Philippe Gaudard²⁰, Mir Babar Basir²¹, Andrej Markota²², Christoph Adler²³, Hannes Reuter²³, Alexandre Mebazaa^{1,24*} and Tahar Chouihed^{1,7,25,26}

© 2018 Springer-Verlag GmbH Germany, part of Springer Nature and ESICM

Correction to: Intensive Care Med (2018) 44:847–856
<https://doi.org/10.1007/s00134-018-5222-9>

Because of a technical error, the code corresponding to the outcome for the Basir et al. cohort was mis-implemented in the original version of our article. Characteristics of the cohort are in fact the followings:

*Correspondence: alexandre.mebazaa@aphp.fr

¹ Department of Anesthesiology and Critical Care, APHP - Saint Louis Lariboisière University Hospitals, University Paris Diderot and INSERM UMR-S 942, Paris, France

Full author information is available at the end of the article

The original article can be found online at <https://doi.org/10.1007/s00134-018-5222-9>.

Observational studies	Inclusion period	Cause of cardiogenic shock	Single/multicenter	Number of patients (n)	Epinephrine-treated patients n (%)	Death n (%)	Mortality endpoint	ECLS (n)
Basir et al., 2018 [1]	2016	Acute coronary syndrome	Single	41	8 (18)	10 (24)	In-hospital	Yes (27)

Yet, this has a slight impact on the estimation of the association of epinephrine with the outcome for this cohort and subsequently to the entire cohort. More precisely, the ORs (with 95% confidence interval) have changed as depicted in the table below:

	Original version	After erratum
Basir et al. [1]	0.96 (0.16–5.73)	1.04 (0.17–6.22)
All studies	3.33 (2.81–3.94)	3.42 (2.89–4.05)

Author details

¹ Department of Anesthesiology and Critical Care, APHP - Saint Louis Lariboisière University Hospitals, University Paris Diderot and INSERM UMR-S 942, Paris, France. ² Department of Anesthesiology and Critical Care Medicine, Hôpital Européen Georges Pompidou, Paris, France. ³ Cardiology Department, University Hospital Brno and Faculty of Medicine, Masaryk University, Brno, Czech Republic. ⁴ Emergency Medicine, University of Helsinki and Department of Emergency Medicine and Services, Helsinki University Hospital, Helsinki, Finland. ⁵ Heart and Lung Center, University of Helsinki and Helsinki University Hospital, Helsinki, Finland. ⁶ Intensive Care Unit, University Hospital Félix Guyon, Saint Denis, France. ⁷ CIC-Plurithématique, INSERM, University Hospital of Nancy, Nancy, France. ⁸ Intensive Cardiac Care Unit, Florence University Hospital, Careggi, Florence, Italy. ⁹ Cardiovascular Department, Hôpital de la Tour, Meyrin-Geneva, Switzerland. ¹⁰ Department of Intensive Care, Austin Hospital, Melbourne, Australia. ¹¹ Australian and New Zealand Intensive Care Research Centre (ANZIC RC), School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia. ¹² School of Medicine, The University

of Melbourne, Melbourne, Australia. ¹³ Department of Intensive Care, Royal Melbourne Hospital, Melbourne, Australia. ¹⁴ Division of Nephrology, National University Health System, University Medicine Cluster, Singapore, Singapore. ¹⁵ Cardiology Department, University Hospital of Nancy, Vandoeuvre-lès-Nancy, France. ¹⁶ AMC Heart Center, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands. ¹⁷ Department of Medicine/ Cardiology, Heart Center Dresden University of Technology, Dresden, Germany. ¹⁸ Praxisklinik Herz und Gefäße, Dresden, Germany. ¹⁹ Intensive Care Unit, Faculty of Medicine, University Hospital of Nancy, France, and U1116, Vandoeuvre-lès-Nancy, France. ²⁰ Department of Anesthesiology and Critical Care Medicine, PhyMedExp, University of Montpellier, INSERM, CNRS, Montpellier, France. ²¹ Division of Cardiology, Henry Ford Hospital, 2799W. Grand Blvd - K14, Detroit, MI 48202, USA. ²² Medical Intensive Care Unit, University Medical Centre Maribor, Ljubljanska, Maribor, Slovenia. ²³ Department of Internal Medicine III, University of Cologne, Cologne, Germany. ²⁴ Investigation Network Initiative – Cardiovascular and Renal Clinical Trialists, INI-CRCT, Nancy, France. ²⁵ Emergency Department, University Hospital of Nancy, Nancy, France. ²⁶ INSERM U1116, University of Lorraine, Nancy, France.

Published online: 13 September 2018

Reference

- Basir MB, Schreiber T, Dixon S, Alaswad K, Patel K, Almany S, Khandelwal A, Hanson I, George A, Ashbrook M, Blank N, Abdelsalam M, Sareen N, Timmis SBH, O'Neill WW (2018) Feasibility of early mechanical circulatory support in acute myocardial infarction complicated by cardiogenic shock: the detroit cardiogenic shock initiative. *Catheter Cardiovasc Interv* 91(3):454–461