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CORRECTION

Correction to: Fetal Tricuspid Valve Agenesis/Atresia: Testing Predictions of the Embryonic Etiology

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Correction to: Pediatric Cardiology (2022) 43:796–806.
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In our paper [1] in this journal, we discovered that the linear scale of the analyzed images was only half of the indicated length. Consequently, absolute lengths and areas were twofold and fourfold too big, respectively. While correcting these errors, we also noticed there were slight inconsistencies in calculations where more than one image was analyzed per time point per case (in some cases more than one recording was made per session). When these errors were corrected, statistical test values changed, but there was no instance in which the statistical significance changed. Accordingly, the correct p value is 0.53 and not 0.33 in the sentence, "Absolute AVC width changed significantly over time in the total cohort ($p < 0.001$), but with no significant difference between the three groups ($p = 0.53$)." Furthermore, the correct p value is 0.09 and not 0.28 in the sentence, "The ventricular width also showed significant growth in the total cohort ($p < 0.001$), but again no difference between the three diagnostic groups was seen ($p = 0.09$)." Besides these textual corrections, in Figs. 4 and 5 the ordinate axes that gave length (cm) or area (cm^2) have been updated to the correct values. Finally, length, area, and statistical test values of Table 1 have been updated. The main finding of the paper [1] was based on size-corrected measurements and the main conclusion remains unaffected by the corrections we report here. Nonetheless, we apologise for the errors made.

The original article can be found online at https://doi.org/10.1007/s00246-021-02789-6.

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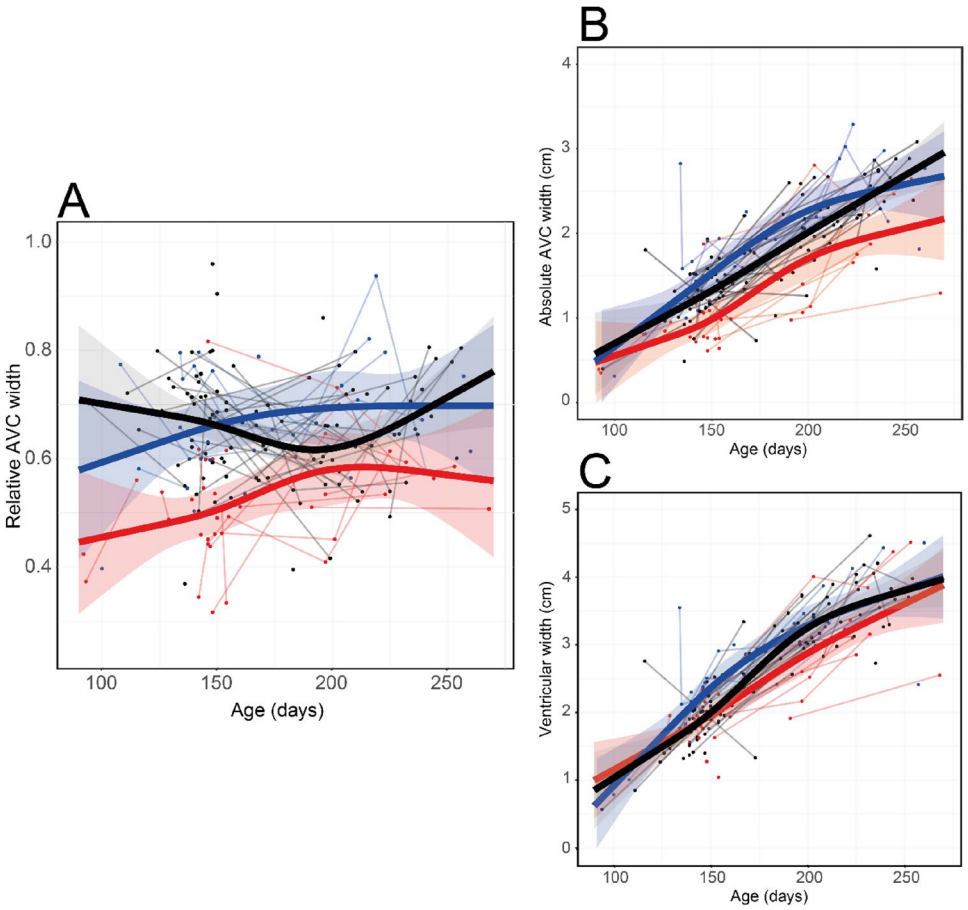

Fig. 4 Atrioventricular canal and ventricular width in TVA, TVS and controls. **A** Gestational age-related changes in AVC width over total ventricular width. **B** Gestational age-related changes in absolute AVC width. **C** Gestational age-related changes in absolute maximal ventricular width. TVA cases are indicated in red, TVS in blue, and controls in black. Individual measurement trends are shown in the background of the average trend. The shaded areas are 95% confidence intervals

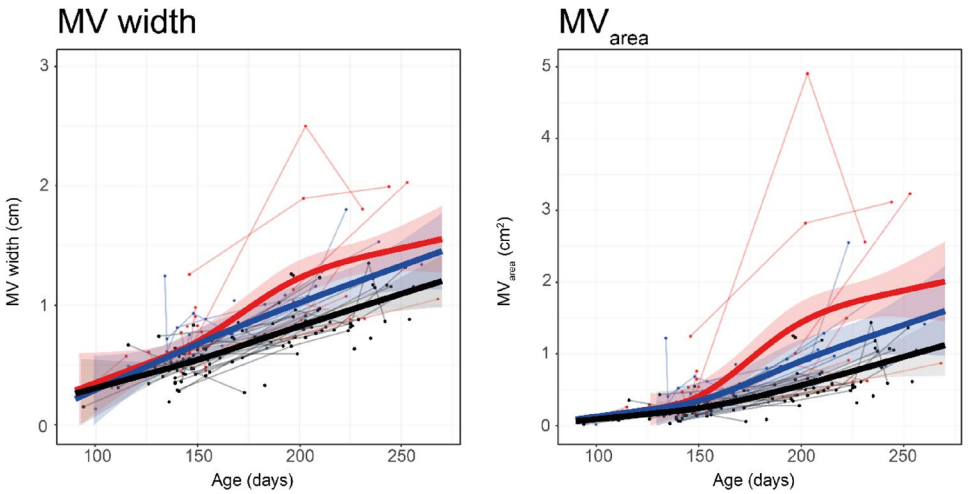

Fig. 5 MV size in TVA, TVS and controls. Gestational age-related changes in mitral valve width and calculated mitral valve area. TVA in red, TVS in blue, and controls in black. The shaded areas are 95% confidence intervals

Table 1 Characteristics of the investigated groups

Age group	Diagnosis		Weight (g)	Heart Rate (bpm)	Length apex - fibrous body (cm)	Ventricular width (cm)	R AVJ width (cm)	L AVJ width (cm)	AVC width (cm)	Ratio AVC width / Ventricular width	Inner ventricular area (cm^2)
<140 days	Normal	n=19	268 ± 61	152 ± 14	1.3 ± 0.4	1.5 ± 0.6	0.4 ± 0.2	0.4 ± 0.2	1.0 ± 0.4	0.7 ± 0.1	1.1 ± 0.7
	TVA	n=6	303 ± 52	120 ± 51	1.0 ± 0.4	1.2 ± 0.4	0.0 ± 0.0	0.5 ± 0.2	0.7 ± 0.3	0.5 ± 0.1	0.7 ± 0.4
	TVS	n=7	292 ± 42	157 ± 13	*1.4 ± 0.5*	*1.8 ± 0.9*	*0.4 ± 0.4*	*0.6 ± 0.4*	*1.2 ± 0.8*	*0.6 ± 0.1*	*1.6 ± 1.5*
	P-value		*0.350*	*0.833*	*0.774*	*0.290*	*0.721*	*0.190*	*0.709*	*0.288*	*0.333*
141-150 days	Normal	n=23	371 ± 55	143 ± 15	1.6 ± 0.2	1.9 ± 0.3	0.6 ± 0.2	0.5 ± 0.2	1.3 ± 0.3	0.7 ± 0.1	1.7 ± 0.5
	TVA	n=12	387 ± 70	150 ± 8	1.6 ± 0.3	2.0 ± 0.3	0.0 ± 0.0	0.7 ± 0.2	1.0 ± 0.3	0.5 ± 0.1	1.6 ± 0.4
	TVS	n=5	347 ± 88	151 ± 11	1.5 ± 0.3	2.0 ± 0.4	0.5 ± 0.1	0.6 ± 0.2	1.4 ± 0.3	0.7 ± 0.1	1.7 ± 0.4
	P-value		*0.854*	*0.092*	*0.594*	*0.268*	*0.002*	*0.027*	*0.658*	*0.115*	*0.732*
151-200 days	Normal	n=33	751 ± 318	144 ± 9	2.1 ± 0.6	2.6 ± 0.6	0.7 ± 0.2	0.7 ± 0.2	1.7 ± 0.5	0.6 ± 0.1	3.4 ± 1.6
	TVA	n=8	597 ± 474	144 ± 11	1.4 ± 0.4	1.8 ± 0.4	0.0 ± 0.0	0.6 ± 0.1	0.9 ± 0.2	0.5 ± 0.1	1.7 ± 0.9
	TVS	n=9	745 ± 271	143 ± 8	2.1 ± 0.4	2.9 ± 0.4	0.7 ± 0.2	0.8 ± 0.2	1.9 ± 0.3	0.6 ± 0.1	3.5 ± 1.1
	P-value		*0.747*	*0.765*	*0.365*	*0.939*	*0.278*	*0.172*	*0.849*	*0.859*	*0.573*
>200 days	Normal	n=28	1869 ± 641	139 ± 12	2.8 ± 0.4	3.4 ± 0.5	0.9 ± 0.2	1.0 ± 0.3	2.3 ± 0.4	0.7 ± 0.1	6.0 ± 1.5
	TVA	n=8	1886 ± 866	139 ± 10	2.5 ± 0.6	3.2 ± 0.7	0.0 ± 0.0	1.4 ± 0.6	1.9 ± 0.6	0.6 ± 0.1	4.9 ± 2.3
	TVS	n=8	1880 ± 572	135 ± 11	2.9 ± 0.5	3.4 ± 0.7	0.8 ± 0.3	1.1 ± 0.1	2.6 ± 0.6	0.7 ± 0.1	5.8 ± 2.4
	P-value		*0.957*	*0.413*	*0.987*	*0.467*	*0.036*	*0.071*	*0.467*	*0.214*	*0.605*

Measurements derived from echocardiograms subdivided in four gestational age groups. R AVJ: right atrioventricular junction, L AVJ: left atrioventricular junction, AVC: atrioventricular canal. $P < 0.001$ is considered to be significant

Reference

1. Faber JW, Buijtendijk MF, Klarenberg H, Vink AS, Coolen BF, Moorman AF, Christoffels VM, Clur SA, Jensen B (2022) Fetal tricuspid valve agenesis/atresia: testing predictions of the embryonic etiology. Pediatr Cardiol 43:796–806