

## ERRATUM

# Echocardiographic assessment of pulmonary hypertension: a guideline protocol from the British Society of Echocardiography

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The authors and journal apologise for an error in the above paper, which appeared in the September 2018 issue of *Echo Research and Practice* (volume 5, pages G11–G24, <https://doi.org/10.1530/ERP-17-0071>).

The error relates to the calculation of RVSP given on page G13. The original text stated:

‘When estimating right ventricular systolic pressure (RVSP) from the TRV using the Bernoulli equation, the TRV is squared and multiplied by 4, so even small errors in the absolute measurement of TRV can result in significant changes to the estimate of RVSP. Secondly, in order to obtain an estimate of PASP, the RVSP needs to be added to an estimate of the RAP derived from measurement of the inferior vena cava (IVC) dimensions and response to inspiration. However, in many patients, IVC dimensions cannot be obtained and even in those where measurement is possible, the accuracy between echo estimation of RAP and invasive measurement is as low as 34%’.

This should have stated:

‘When estimating the peak pressure difference between the right ventricle (RV) and the right atrium (RA) from the tricuspid regurgitation velocity (TRV) using the simplified Bernoulli equation, the TRV is squared and multiplied by 4, so even small errors in the absolute measurement of TRV can result in significant changes to the estimation of the RV-RA pressure gradient. Secondly, in order to obtain an estimate of pulmonary artery systolic pressure (PASP), an estimate of the right atrial pressure (RAP) (derived from measurement of the inferior vena cava (IVC) dimensions and response to inspiration) needs to be added to the estimate of the RV-RA pressure gradient. However, in many patients, IVC dimensions cannot be obtained and even in those where measurement is possible, the accuracy between echo estimation of RAP and invasive measurement is as low as 34%’.