



# Corrigendum: Facts and Gaps in Exercise Influence on Arrhythmogenic Cardiomyopathy: New Insights From a Meta-Analysis Approach

Julia Martínez-Solé<sup>1†</sup>, María Sabater-Molina<sup>2,3,4†</sup>, Aitana Braza-Boïls<sup>4,5‡</sup>, Juan J. Santos-Mateo<sup>6‡</sup>, Pilar Molina<sup>5,7</sup>, Luis Martínez-Dolz<sup>1,4</sup>, Juan R. Gimeno<sup>3,4,6</sup> and Esther Zorio<sup>1,4,5\*</sup>

<sup>1</sup> Cardiology Department, Hospital Universitario y Politécnico La Fe, Valencia, Spain, <sup>2</sup> Laboratorio de Cardiogenética, Unidad de Cardiopatías Familiares, Instituto Murciano de Investigación Biosanitaria (IMIB-Arrixaca), Murcia, Spain, <sup>3</sup> Unidad CSUR (Centros, Servicios y Unidades de Referencia) en Cardiopatías Familiares, Hospital Universitario Virgen de la Arrixaca, Murcia, Spain, <sup>4</sup> CIBERCV, Center for Biomedical Network Research on Cardiovascular Diseases, Madrid, Spain, <sup>5</sup> Unidad de Cardiopatías Familiares, Muerte Súbita y Mecanismos de Enfermedad (CaFaMuSMe), Instituto de Investigación Sanitaria La Fe, Valencia, Spain, <sup>6</sup> Cardiology Department, Hospital Universitario Virgen de la Arrixaca, Murcia, Spain, <sup>7</sup> Instituto de Medicina Legal y Ciencias Forenses de Valencia, Histology Unit, Universitat de València, Valencia, Spain

# **OPEN ACCESS**

### Edited and reviewed by:

Fabrizio Ricci, University of Studies G. d'Annunzio Chieti and Pescara, Italy

## \*Correspondence: Esther Zorio

zorio\_est@gva.es <sup>†</sup>These authors share first authorship <sup>‡</sup>These authors share

#### Specialty section:

second authorship

This article was submitted to General Cardiovascular Medicine, a section of the journal Frontiers in Cardiovascular Medicine

> Received: 16 November 2021 Accepted: 21 December 2021 Published: 04 February 2022

### Citation:

Martínez-Solé J, Sabater-Molina M, Braza-Boils A, Santos-Mateo JJ, Molina P, Martínez-Dolz L, Gimeno JR and Zorio E (2022) Corrigendum: Facts and Gaps in Exercise Influence on Arrhythmogenic Cardiomyopathy: New Insights From a Meta-Analysis Approach.

Front. Cardiovasc. Med. 8:816280. doi: 10.3389/fcvm.2021.816280 Keywords: sports, exercise, arrhythmogenic cardiomyopathy, disease progression, risk factors

# A Corrigendum on

# Facts and Gaps in Exercise Influence on Arrhythmogenic Cardiomyopathy: New Insights From a Meta-Analysis Approach

by Martínez-Solé, J., Sabater-Molina, M., Braza-Boïls, A., Santos-Mateo, J. J., Molina, P., Martínez-Dolz, L., Gimeno, J. R., and Zorio, E. (2021). Front. Cardiovasc. Med. 8:702560. doi: 10.3389/fcvm.2021.702560

In the original article, there was a mistake in **Figure 3** as published. During the submission process the upload of our original **Figure 3** repeatedly failed due to the size of the ppt file. Due to an exportation error, the new **Figure 3** changed its x axis from increases 10 by 10 to increases 16 by 16 approximately and the error bars were not adjusted accordingly. The corrected **Figure 3** appears below.

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.

**Publisher's Note:** All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Copyright © 2022 Martínez-Solé, Sabater-Molina, Braza-Boïls, Santos-Mateo, Molina, Martínez-Dolz, Gimeno and Zorio. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

1

Study	CAD/Total (%)	Age (years)	Men (%)	Autopsies (%)			CAD, percentage	≘ (95% IC)	
Bohm, 2020	15/41 (37%)	10-79	96	100					
Morentin, 2020	183/288 (63%)	6-89	99	100					<b>—</b> •—'
Maron, 2016	34/842 (4%)	19-24	84	100	•				
Finocchiaro, 2016	8/357 (2%)	7-67	92	100	•				
Harmon, 2015	6/79 (10%)	17-24	81	72	H <b>-</b>				
Chappex, 2015	6/22 (27%)	10-50	82	100		·	• •		
Risgaard, 2014	15/44 (34%)	12-49	93	80			•	4	
Suarez-Mier, 2013	86/168 (51%)	7-79	97	100				<b>⊢</b> −●	-
Holst, 2010	2/15 (13%)	12-35	73	93	·•-	_			
Corrado, 2003	10/55 (18%)	<35	91	100	0 10	20	30 40	50	60 70
Study	HCM/Total (%)	Age (years)	Men (%)	Autopsies (%)			HCM, percenta	ge (95% IC)	
Bohm, 2020	1/41 (2%)*	10-79	96	100	I				
Morentin, 2020	16/288 (5%)	6-89	99	100	iei				
Maron, 2016	303/842	19-24	84	100			H <b></b> 1		
Finocchiaro, 2016	(36%) 23/357 (6%)	7-67	92	100	101				
Harmon, 2015	8/79 (5%)	17-24	81	72	Heri				
Chappex, 2015	4/22 (27%)	10-50	82	100	·	•	-		
Risgaard, 2014	1/44 (34%)	12-49	93	80	н				
Suarez-Mier, 2013	12/168 (51%)	7-79	97	100	He-I				
Holst, 2010	0/15 (0%)	12-35	73	93					
Corrado, 2003	1/55 (2%)	<35	91	100	-				
					0 10	20	30 40	50	60 70
Study	ACM/Total (%)	Age (years)	Men (%)	Autopsies (%)			ACM, percenta	ge (95% IC)	
Bohm, 2020	0/41 (0%)*	10-79	96	100	1				
Morentin, 2020	18/288 (6%)	6-89	99	100	101				
Maron, 2016	42/842 (5%)	19-24	84	100					
Finocchiaro, 2016	48/357 (13%)	7-67	92	100	Her				
Harmon, 2015	0/79 (0%)	17-24	81	72					
Chappex, 2015	3/22 (14%)	10-50	82	100	·•				
Risgaard, 2014	5/44 (11%)	12-49	93	80	<b>⊢</b> ●−1				
Suarez-Mier, 2013	13/168 (8%)	7-79	97	100	H				
Holst, 2010	4/15 (28%)	12-35	73	93	,		• '		
Corrado, 2003	12/55 (22%)	<35	91	100	0 10	20	30 40	50	60 70
Study	SADS/Total (%)	Age (years)	Men (%)	Autopsies (%)			SADS, percenta		
Bohm, 2020	8/41 (19%)	10-79	96	100		•	4		
Morentin, 2020	8/41 (19%) 18/288 (6%)	6-89	96	100					
Maron, 2016	54/842 (6%)	19-24	84	100					
Finocchiaro, 2016	142/357 (42%)	7-67	92	100	F	•			
Harmon, 2015	16/79 (25%)	17-24	81	72			<u> </u>	•	
Chappex, 2015	5/22 (23%)	10-50	82	100			•		
Risgaard, 2014	4/44 (9%)	12-49	93	80	<b>⊢</b> ●1				
Suarez-Mier, 2013	19/168 (11%)	7-79	97	100	H <b>-</b> -1				
Holst, 2010	4/15 (28%)	12-35	73	93	,		•		
Corrado, 2003	2/55 (4%)	<35	91	100	H=1				
					0 10	20	30 40	50	60 70
Diagnosis	n/Total		Percent	age (95% IC	)	1	TOTAL, percenta	ge (95% IC)	
CAD	365/1897		19.2	(18.4-20.0)		<b>H</b>			
нсм	369/1911		19.3	(18.5-20.1)					
ACM	145/191	1	7.6	(7.3-7.9)					
SADS	272/191								

FIGURE 3 | Forest plot showing pooled data of the causes of sports-triggered sudden cardiac death in different series referenced in the text. At the bottom, total estimates are provided for each diagnosis. SCD, sudden cardiac death; CAD, coronary artery disease; SADS, sudden arrhythmic death syndrome; HCM, hypertrophic cardiomyopathy; ACM, arrhythmogenic cardiomyopathy. 'The causes of death can be only retrieved form the 41 cases of sports-related sudden death cases with autopsy.