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Corrigendum: Predictors of late arrhythmic events after generator replacement in Brugada syndrome treated with prophylactic ICD

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KEYWORDS

Brugada syndrome, implantable cardioverter-defibrillator, risk stratification, sudden cardiac death, complications

A corrigendum on

Predictors of late arrhythmic events after generator replacement in Brugada syndrome treated with prophylactic ICD

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In the published article, there was an error in Table 3 (Univariate and multivariate cox regression analysis for predictors of late appropriate ICD intervention). The values "9.17 (1.15–73.07) 0.03" of the multivariate analysis were incorrectly reported in the line of the variable "First-degree AV block." The correct alignment is at the level of the variable "S-wave in lead I." The corrected Table 3 and its caption appear 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.

Variable	Univariate analysis		Multivariate analysis	
	HR (95% CI)	P-value	HR (95% CI)	P-value
Age <50 years-old at GR	1.21 (0.32-4.51)	0.78		
Male sex	1.38 (0.28-6.68)	0.69		
Family history of BrS	0.93 (0.23-3.75)	0.93		
Family history of SD	1.16 (0.34-4.02)	0.81		
Syncope	0.52 (0.15-1.86)	0.32		
History of AF	4.11 (1.15-14.78)	0.03	3.68 (0.98-13.63)	0.06
Positive EPS	1.12 (0.31-4.20)	0.86		
Spontaneous Brugada type 1	0.93 (0.27-3.24)	0.92		
QTc prolongation	1.15 (0.11-12.34)	0.91		
Early repolarization	3.54 (0.43-28.82)	0.24		
Conduction disturbances*				
First-degree AV block	3.33 (0.89-12.45)	0.07		
QRS fragmentated or prolonged	6.54 (0.79-53.93)	0.08		
S-wave in lead I	10.12 (1.28–79.97)	0.02	9.17 (1.15–73.07)	0.03

TABLE 3 Univariate and multivariate cox regression analysis for predictors of late appropriate ICD intervention.

AF, atrial fibrillation; AV, atrioventricular; BrS, Brugada syndrome; EPS, electrophysiological study; GR, generator replacement; SCD, sudden cardiac death. * Cox regression could not be performed because no primary endpoint events occurred in patients without conduction disturbances.

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