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# Correction: Case report: Does extracorporeal membrane oxygenation treatment for acute pulmonary embolism-induced respiratory and cardiac arrest still require thrombolysis?

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## Correction on

Case report: Does extracorporeal membrane oxygenation treatment for acute pulmonary embolism-induced respiratory and cardiac arrest still require thrombolysis?

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There was an error in Table 1 and its caption as published. The author mistakenly identified Table 2 as Table 1 which resulted in both table contents being similar. The corrected Table 1 and its caption appear below.

Hospital day(s)	Timepoints	Significant clinical events
Day 0	10:00	The patient was treated at a local hospital because of symptoms of chest tightness and dizziness;
	15:00	The patient suddenly syncope and then had an in-hospital cardiac arrest, bedside CPR was immediately initiated;
	15:40	The patient temporarily recovered ROSC;
	15:50	The patient had cardiac arrest again, and bedside CPR was initiated immediately
	15:55	The patient recovered ROSC and relied on high-dose vasopressors to maintain vital signs;
	19:00	The ECMO team arrived at the local hospital and assessed the indications for ECMO;
	19:25	ECMO operation at 3,200r/min, Flow 3.5l/min, gas flow rate 4/min
	21:00	CTPA revealing multiple emboli in the main trunk of the right pulmonary artery and its branches
Day 3	10:00	CTPA showed partial resolution of the emboli in the right pulmonary artery and its branches
Day 13	10:00	CTPA demonstrated significant resolution of the emboli in the main trunk of the right pulmonary artery with good contrast filling

TABLE 1 Hospitalization timeline of the patient and the significant clinical events in Case 1.

The original version of this article has been updated.

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