

CORRECTION

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Correction: An alternative surgical approach for isolated pulmonary valve infective endocarditis secondary to restrictive ventricular septal defect: a case report

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Correction: Cardiothorac Surg 32, 4 (2024)
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Following publication of the original article [1], the authors would like to remove exact dates in the case timeline of events to maintain patient's confidentiality.

New Case timeline

4 weeks before presentation	• Vaginal delivery, followed by recurrent fever attacks.
On presentation	• Fever and shortness of breath.

The original article can be found online at <https://doi.org/10.1186/s43057-024-00123-3>.

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Same day of admission	• Transthoracic echocardiography confirmed VSD and showed PV vegetations. • Blood culture sets withdrawn, and empirical antibiotics started.
3 days after admission	• Antibiotics adjusted according to blood culture and sensitivity.
8 days after admission	• No response to antibiotics with persistent high-grade fever and pulmonary showering. • Heart team discussion recommended surgical intervention for the PV.
9 days after admission	• PV replacement with Freestyle valve and direct VSD closure with pericardial bledgeted sutures
8 days after surgery	• Step-down to intermediate care in ward
4 weeks after surgery	• Negative blood cultures. • Completed antibiotic course and discharged.
Follow-up after 1 year	• No symptoms. • Well-functioning PV Freestyle by echocardiography and CT pulmonary angiography.

The corrections do not affect the overall result or conclusion of the article. The original article has been corrected.

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Reference

1. Hussein H, Youssef A, Mahgoub A et al (2024) An alternative surgical approach for isolated pulmonary valve infective endocarditis secondary to restrictive ventricular septal defect: a case report. *Cardiothorac Surg* 32:4. <https://doi.org/10.1186/s43057-024-00123-3>