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) https://doi.org/10.1186/s43057-024-00123-3

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

ver attacks.
ever 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 con- firmed VSD and showed PV vegetations. Blood culture sets withdrawn, and empir- ical antibiotics started.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 echocar- diography and CT pulmonary angiogra- phy.

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

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Reference

 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



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