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

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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.

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• Blood culture sets withdrawn, and empirical antibiotics started.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 • 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