

cardioverter-defibrillator for congestive heart failure. *N Engl J Med* 2005;**352**: 225–237.

3. Bristow MR, Saxon LA, Boehmer J, Krueger S, Kass DA, De Marco T, Carson P, DiCarlo L, DeMets D, White BG, DeVries DW, Feldman AM, for the Comparison of Medical Therapy, Pacing, and Defibrillation in Heart Failure (COMPANION) Investigators. Cardiac-resynchronization therapy with or without an implantable defibrillator in advanced chronic heart failure. *N Engl J Med* 2004;**350**:2140–2150.
4. Cleland JG, Daubert JC, Erdmann E, Freemantle N, Gras D, Kappenberger L, Tavazzi L; Cardiac Resynchronization-Heart Failure (CARE-HF) Study Investigators. The effect of cardiac resynchronization on morbidity and mortality in heart failure. *N Engl J Med* 2005;**352**:1539–1549.
5. Daubert JP, Zareba W, Cannom DS, McNitt S, Rosero SZ, Wang P, Schuger C, Steinberg JS, Higgins SL, Wilber DJ, Klein H, Andrews ML, Hall WJ, Moss AJ; MADIT II Investigators. Inappropriate implantable cardioverter-defibrillator shocks in MADIT II: frequency, mechanisms, predictors, and survival impact. *J Am Coll Cardiol* 2008;**51**:1357–1365.
6. Poole JE, Johnson GW, Hellkamp AS, Anderson J, Callans DJ, Raitt MH, Reddy RK, Marchlinski FE, Yee R, Guarnieri T, Talajic M, Wilber DJ, Fishbein DP, Packer DL, Mark DB, Lee KL, Bardy GH. Prognostic importance of defibrillator shocks in patients with heart failure. *N Engl J Med* 2008;**359**:1009–1017.
7. Carson P, Anand I, O'Connor C, Jaski B, Steinberg J, Lwin A, Lindenfeld J, Ghali J, Barnet JH, Feldman AM, Bristow MR. Mode of death in advanced heart failure: the Comparison of Medical, Pacing, and Defibrillation Therapies in Heart Failure (COMPANION) trial. *J Am Coll Cardiol* 2005;**46**:2329–2334.
8. Cleland JG, Daubert JC, Erdmann E, Freemantle N, Gras D, Kappenberger L, Tavazzi L. Longer-term effects of cardiac resynchronization therapy on mortality in heart failure [the CARDiac RESynchronization-Heart Failure (CARE-HF) trial extension phase]. *Eur Heart J* 2006;**27**:1928–1932.
9. Marijon E, Leclercq C, Narayanan K, Boveda S, Klug D, Lacaze-Gadonneix J, Defaye P, Jacob S, Piot O, Deharo J-C, Perier M-C, Mulak G, Hermida J-S, Milliez p, Gras D, Cesari O, Hidden-Lucet F, Anselme F, Chevalier P, Maury P, Sadoul N, Bordachar P, Cazeau S, Chauvin M, Empana J-P, Jouven X, Daubert J-C, Le Heuzey J-Y, for the CeRtiTuDe Investigators. Causes-of-death analysis of patients with cardiac resynchronization therapy: an analysis of the CeRtiTuDe cohort study. *Eur Heart J* 2015;**36**:2767–2776.
10. Rho RW, Patton KK, Poole JE, Cleland JG, Shadman R, Anand I, Maggioni AP, Carson PE, Swedberg K, Levy WC. Important differences in mode of death between men and women with heart failure who would qualify for a primary prevention implantable cardioverter-defibrillator. *Circulation* 2012;**126**:2402–2407.
11. Ruwald MH, Solomon SD, Foster E, Kutlyifa V, Ruwald AC, Sherazi S, McNitt S, Jons C, Moss AJ, Zareba W. Left ventricular ejection fraction normalization in cardiac resynchronization therapy and risk of ventricular arrhythmias and clinical outcomes: results from the Multicenter Automatic Defibrillator Implantation Trial With Cardiac Resynchronization Therapy (MADIT-CRT) trial. *Circulation* 2014; **130**:2278–2286.

Downloaded from https://academic.oup.com/eurheartj/article/36/14/2779/2293359 by guest on 20 August 2022

**Corrigendum**

doi:10.1093/eurheartj/ehv178  
 Online publish-ahead-of-print 30 June 2015

**Corrigendum to:** 2014 ESC Guidelines on the diagnosis and treatment of aortic diseases [Eur Heart Journal (2014) 35, 2873–2926, doi:10.1093/eurheartj/ehu281].

R Erbel, V Aboyans, C Boileau, E Bossone, R Di Bartolomeo, H Eggebrecht, A Evangelista, V Falk, H Frank, O Gaemperli, M Grabenwoger, A Haverich, B lung, A John Manolis, F Meijboom, CA Nienaber, Marco Roffi, H Rousseau, U Sechtem, Per A Sirnes, RS von Allmen, and CJM Vrints, Authors/Task Force members

In Table 3, the radiation for MRI is “0” and not “-”. The corrected table is shown below.

**Table 3 Comparison of methods for imaging the aorta**

Advantages/disadvantages	TTE	TOE	CT	MRI	Aortography
Ease of use	+++	++	+++	++	+
Diagnostic reliability	+	+++	+++	+++	++
Bedside/interventional use <sup>a</sup>	++	++	–	–	++
Serial examinations	++	+	++(+) <sup>b</sup>	+++	–
Aortic wall visualization <sup>c</sup>	+	+++	+++	+++	–
Cost	–	–	–	–	–
Radiation	0	0	–	0	–
Nephrotoxicity	0	0	–	–	–

+ means a positive remark and—means a negative remark. The number of signs indicates the estimated potential value

<sup>a</sup>IVUS can be used to guide interventions (see web addenda)

<sup>b</sup>+++ only for follow-up after aortic stenting (metallic struts), otherwise limit radiation

<sup>c</sup>PET can be used to visualize suspected aortic inflammatory disease

CT = computed tomography; MRI = magnetic resonance imaging; TOE = transoesophageal echocardiography; TTE = transthoracic echocardiography.