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CORRECTIONS

Tilt-induced vasovagal syncope and psychogenic pseudosyncope: Overlapping clinical entities

In the article “Tilt-induced vasovagal syncope and psychogenic pseudosyncope: Overlapping clinical entities” by H. Blad et al.,¹ there is one error in the risk calculation of having both conditions (VVS and PPS) in our sample of 1164 tilt table tests, as the 23 mixed VVS/PPS episodes were not included. The actual VVS proportion should have read 14% ($n = 143 + 23$) rather than 12% ($n = 143$) and the actual PPS proportion should have read 6% ($n = 51 + 23$) rather than 5% ($n = 51$). VVS and PPS would therefore be expected to co-occur in 11 tilt-table tests ($0.14 \times 0.06 \times 1,164$) rather than 7/1,164 tilt-table tests. The coincidence of VVS and PPS still remains more frequent than chance would predict (23 vs 11; $p < 0.001$), and the error does not change the reported p value or overall conclusion of the paper. The authors regret the error.

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Cathepsin A-related arteriopathy with strokes and leukoencephalopathy (CARASAL)

In the article “Cathepsin A-related arteriopathy with strokes and leukoencephalopathy (CARASAL)” by M. Bugiani et al.,¹ there is an error in table 1. The mutation “c.922C>T, Arg308Cys” in the penultimate row of the table should read “c.973C>T, Arg325Cys,” as consistently used in the main text of the paper. The authors regret the error.

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Tilt-induced vasovagal syncope and psychogenic pseudosyncope: Overlapping clinical entities

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