Recent advances in the diagnosis and management of acute myocardial infarction: Erratum

In volume 86, issue 11 of *Journal of the Chinese Medical Association* in the article titled, "Recent advances in the diagnosis and management of acute myocardial infarction" by Hsieh et al. there is an error in the formatting of Table 4. This error has been amended and the correctly formatted table is available below.

Table 4

Selected studies of novel therapeutic approaches to target inflammation of injured myocardial cells

Study	Design	Participants characteristics	Objectives	Endpoints	Results
Arslan et al[30]	RCT animal trial	38 female pigs	To evaluate the therapeutic efficacy of humanized anti-TLR2 antibody, OPD-305 for ischemia/reperfusion injury	Cardiac function, geometry, infarction size and cTnI levels	Administration of OPN-305 before reperfusion significantly reduced infarct size (45% reduction, *P*=0.041). Pigs treated with OPN-305 also showed a significant preservation of systolic function
Toldo et al[33]	Cohort animal trial	CD-1 male mice	To assess the effects of NLRP3 inhibition in the inflammatory response to myocardial ischemia/reperfusion injury	Infarction size in 1, 3 and 24 h	Inhibition of the NLRP3 inflammasome within 1 h of reperfusion reduced the inflammatory response to myocardial ischemia/reperfusion injury and limited myocardial damage
Cabrera-Fuentes al[34]	Cohort animal trial	Wistar rats 10 to 12wk old and weighing 225 to 300 g	To investigate the role of eRNA and TNF-α in cardiac ischemia/reperfusion injury and to evaluate the potential therapeutic effect of RNase1	Levels of eRNA and TNF-α in plasma and cardiac tissue, cardiac function, infarct size, and apoptosis	The study found that ischemia/reperfusion injury increased the levels of eRNA and TNF-α in plasma and cardiac tissue, leading to increased apoptosis, larger infarct size, and impaired cardiac function. Treatment with RNase1 prevented the harmful interaction between eRNA and TNF-α and attenuated cardiac injury, resulting in reduced apoptosis, smaller infarct size, and improved cardiac function
Stieger et al[35]	Cohort animal trial	Male C57BL/6J mice aged 10 to 12 wk	To investigate the role of eRNA in myocardial infarction and to evaluate the therapeutic potential of targeting eRNA using RNase1	Myocardial edema formation, infarct size and survival rate	Treatment with RNase1 significantly reduced edema formation and infarct size and improved survival rate in mice with myocardial infarction compared to control treatment
Tardif et al[37]	RCT	4745 patients who had a myocardial infarction within 30 d before enrollment with 2366 in colchicine group and 2379 in placebo group	To assess the efficacy and safety of low-dose colchicine in reducing cardiovascular events and inflammation after myocardial infarction	Ischemic cardiovascular events, such as recurrent myocardial infarction, stroke, or cardiovascular death	The study demonstrated that treatment with low-dose colchicine significantly reduced the risk of ischemic cardiovascular events in patients after myocardial infarction. Additionally, colchicine treatment led to a reduction in inflammatory markers, suggesting its anti-inflammatory effects

RCT = randomized controlled trial, TLR2 = toll like receptor 2, cTnI = cardiac troponin I, NLRP 3= nucleotide-binding oligomerization domain leucine-rich repeat and pyrin domain containing 3, eRNA = extracellular RNA, TNF-α = tumor necrosis factor-α, RNase1 = ribonuclease 1

REFERENCE

1. Hsieh Y-K, Wang M-T, Wang C-Y, Chen C-F, Ko Y-L, Huang W-C. Recent advances in the diagnosis and management of acute myocardial infarction. *J Chin Med Assoc* 2023;86:950–9. doi: 10.1097/JCMA.0000000000001001

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