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Corrigendum

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2020 ESC Guidelines for the management of acute coronary syndromes in  
patients presenting without persistent ST-segment elevation

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Collet, Jean-Philippe; Thiele, Holger; Barbato, Emanuele; Barthélémy, Olivier; Bauersachs, Johann;  
Bhatt, Deepak L; Dendale, Paul; Dorobantu, Maria; Edvardsen, Thor; Folliguet, Thierry; Gale, Chris P;  
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**Corrigendum to:** 2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation [*Eur Heart J* 2020;doi:10.1093/eurheartj/ehaa575]

In the originally published version of this manuscript, several errors were noted and listed in this corrigendum.

Upon the original publication, the following footnote sentence for Figure 1. should read: "If the initial evaluation suggests aortic dissection or pulmonary embolism, D-dimers and CCTA are recommended according to dedicated algorithms.<sup>1,29–33</sup>"

Upon the original publication, the "UFH" results in Table 8., under the heading "II. Anticoagulant drugs (for use before and during PCI)" should read: "70–100 U/kg i.v. bolus when no GP IIb/IIIa inhibitor is planned followed up by an IV infusion until the invasive procedure. 50–70 U/kg i.v. bolus with GP IIb/IIIa inhibitors."

Upon the original publication, the following footnote texts for Figure 7. should read: "or ischaemic events (see Table 11 for definitions) and without increased risk of major bleeding" and "with moderately increased risk of ischaemic events (see Table 11 for definitions) and without increased risk". The same links to Table 11. have been amended as well.

Upon the original publication, the following text in the "Lipid-lowering drugs" results, under the "Recommendations for pharmacological long-term management after non-ST-segment elevation acute coronary syndrome (excluding antithrombotic treatments)" table should read: "to reduce LDL-C by  $\geq 50\%$  from baseline and to achieve LDL-C  $< 1.4$  mmol/L".

Upon the original publication, the last sentence for reference 178., in the Reference section should read: "JAMA Netw Open 2020;3:e2018735." instead of "(Accepted for publication)."

These errors have been corrected.