Sildenafil Preserves Lung Endothelial Function and Prevents Pulmonary Vascular Remodeling in a Rat Model of Diastolic Heart: Correction

In the article that appears on page 198 of the March 2011 issue, an error occurred in the Clinical Perspective section. The word “rats” was inadvertently changed to “rates.” Here is the correct Clinical Perspective:

CLINICAL PERSPECTIVE
Pulmonary hypertension (PH) is a frequent complication in patients with congestive heart failure and is associated with an increased morbidity and mortality in this patient population. Although the incidence of PH caused by left heart disease greatly exceeds that of idiopathic pulmonary arterial hypertension, no approved therapeutic options are currently available for the specific management of heart failure–related PH. Phosphodiesterase type 5A inhibition may be a particularly attractive option in this setting because such agents are pulmonary arterial vasodilators and have been shown to attenuate hypertrophy and fibrosis in animal models of severe heart failure. Thus, these agents may counteract reactive pulmonary artery vasoconstriction and ameliorate the underlying left ventricular remodeling and dysfunction. In this study, the effects of sildenafil, a phosphodiesterase type 5A inhibitor on PH and lung vascular remodeling, were tested in a preclinical model of rats with diastolic heart failure. Chronic sildenafil treatment reduced pulmonary hypertension, lung vascular resistance, biventricular cardiac hypertrophy, and lung vascular remodeling and improved pulmonary endothelial function in rats with diastolic heart failure. No adverse effects of sildenafil treatment on systemic hemodynamics or lung edema formation were detected. The combined beneficial effects of sildenafil on both the pulmonary vasculature and the left ventricular myocardium render sildenafil a particularly attractive strategy for the treatment of PH caused by left heart disease that deserves further clinical exploration.

The publisher regrets the error. This error has been noted and corrected in the online version of the article, which is available at http://circheartfailure.ahajournals.org/content/4/2/198.full.

Reference

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Correction

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