



HAL
open science

Corrigendum: Arterial Doppler Waveforms Are Independently Associated With Maximal Walking Distance in Suspected Peripheral Artery Disease Patients (vol 8, 608008, 2021)

Annaig Miossec, Quentin Tollenaere, Damien Lanéelle, Antoine Guilcher, Antoine Metairie, Estelle Le Pabic, Awenig Carel, Alexis Le Faucheur, Guillaume Mahe

► To cite this version:

Annaig Miossec, Quentin Tollenaere, Damien Lanéelle, Antoine Guilcher, Antoine Metairie, et al.. Corrigendum: Arterial Doppler Waveforms Are Independently Associated With Maximal Walking Distance in Suspected Peripheral Artery Disease Patients (vol 8, 608008, 2021). *Frontiers in Cardiovascular Medicine*, 2021, 8, <10.3389/fcvm.2021.699346>. <hal-03280403>

HAL Id: hal-03280403

<https://hal.science/hal-03280403v1>

Submitted on 7 Jul 2021

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire HAL, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons CC BY 4.0 - Attribution - International License



Corrigendum: Arterial Doppler Waveforms Are Independently Associated With Maximal Walking Distance in Suspected Peripheral Artery Disease Patients

Annaïg Miossec¹, Quentin Tollenaere¹, Damien Lanéelle², Antoine Guilcher¹, Antoine Métairie¹, Estelle Le Pabic³, Awenig Carel¹, Alexis Le Faucheur^{3,4} and Guillaume Mahé^{1,3,4,5*}

OPEN ACCESS

Approved by:
Frontiers Editorial Office,
Frontiers Media SA, Switzerland

***Correspondence:**
Guillaume Mahé
maheguillaume@yahoo.fr

Specialty section:
This article was submitted to
Atherosclerosis and Vascular
Medicine,
a section of the journal
Frontiers in Cardiovascular Medicine

Received: 23 April 2021
Accepted: 26 April 2021
Published: 13 May 2021

Citation:
Miossec A, Tollenaere Q, Lanéelle D,
Guilcher A, Métairie A, Le Pabic E,
Carel A, Le Faucheur A and Mahé G
(2021) Corrigendum: Arterial Doppler
Waveforms Are Independently
Associated With Maximal Walking
Distance in Suspected Peripheral
Artery Disease Patients.
Front. Cardiovasc. Med. 8:699346.
doi: 10.3389/fcvm.2021.699346

¹ Vascular Medicine Unit, CHU Rennes, Rennes, France, ² Vascular Medicine Unit, CHU Caen Normandie, Caen, France, ³ CHU Rennes, Inserm, CIC 1414 (Clinical Investigation Center), Rennes, France, ⁴ Univ Rennes, M2S-EA 7470, Rennes, France, ⁵ Univ Rennes 1, Rennes, France

Keywords: Doppler waveforms, peripheral artery disease, maximal walking distance, ankle-, brachial index, peripheral artery (occlusive) disease

A Corrigendum on

Arterial Doppler Waveforms Are Independently Associated With Maximal Walking Distance in Suspected Peripheral Artery Disease Patients

by Miossec, A., Tollenaere, Q., Lanéelle, D., Guilcher, A., Métairie, A., Le Pabic, E., et al. (2021). *Front. Cardiovasc. Med.* 8:608008. doi: 10.3389/fcvm.2021.608008

In the original article, there was a mistake in **Table 2** as published. The following subtitle “**Best arterial Doppler waveforms**” was missing in the “**Confirmed LEAD population (n = 165)**”. The corrected Table 2 appears below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Copyright © 2021 Miossec, Tollenaere, Lanéelle, Guilcher, Métairie, Le Pabic, Carel, Le Faucheur and Mahé. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

TABLE 2 | Maximal walking distance according to Saint-Bonnet Classification and ABI.

	Saint-Bonnet N	Saint-Bonnet A	Saint-Bonnet B	Saint-Bonnet CD/E/O	
SUSPECTED LEAD POPULATION (N = 186)					
Best arterial Doppler waveforms					p-value
Maximal walking distance (m)	524 [185–525]	285 [155–524]	215 [108–321]	182 [125–305]	0.0012
Worst arterial Doppler waveforms					
Maximal walking distance (m)	525 [160–525]	304 [163–524]	223 [125–524]	189 [125–308]	0.0088
Ankle-brachial index					
	≥0.99	[0.84–0.99]	[0.64–0.84]	<0.64	
Maximal walking distance (m)	486 [206–524]	182 [103–357]	226 [131–368]	235 [118–335]	0.006
Saint-Bonnet N	14 (29.2%)	5 (11.1%)	1 (2.0%)	1 (2.3%)	
Saint-Bonnet A	25 (52.1%)	23 (51.1%)	19 (38.8%)	0 (0.0%)	
Saint-Bonnet B	7 (14.6%)	13 (28.9%)	13 (26.5%)	11 (25.0%)	
Saint-Bonnet CD/E/O	2 (4.2%)	4 (8.9%)	16 (32.7%)	32 (72.7%)	
CONFIRMED LEAD POPULATION * (N = 165)					
Best arterial Doppler waveforms					p-value
Maximal walking distance (m)	305 [174–525]	282 [149–524]	215 [108–321]	182 [125–305]	0.084
Worst arterial Doppler waveforms					
Maximal walking distance (m)	347 [151–525]	236 [162–470]	223 [125–524]	189 [125–308]	0.252
Ankle-Brachial index					
	≥0.99	[0.84–0.99]	[0.64–0.84]	<0.64	
Maximal walking distance (m)	357 [169–524]	180 [103–357]	226 [131–368]	235 [118–335]	0.048
Saint-Bonnet N	7 (23.3%)	3 (7.1%)	1 (2.0%)	1 (2.3%)	
Saint-Bonnet A	14 (46.7%)	22 (52.4%)	19 (38.8%)	0 (0.0%)	
Saint-Bonnet B	7 (23.3%)	13 (31.0%)	13 (26.5%)	11 (25.0%)	
Saint-Bonnet CD/E/O	2 (6.7%)	4 (9.5%)	16 (32.7%)	32 (72.7%)	

LEAD means Lower Extremity Artery Disease. Results are presented median [Quartile 1; Quartile 3], or number of observation (%). *Criterion for Lower Extremity Artery Disease (LEAD) were Ankle brachial index ≤ 0.90 or abnormal Doppler waveforms or Post-exercise ABI decrease $\geq 18.5\%$ or Delta from Rest Oxygen Pressure (DROPE) ≤ -15 mmHg.