Eur Respir Rev 2011; 20: 119, 64
DOI: 10.1183/09059180.50007910

AUTHOR CORRECTION

"Changing demographics of pulmonary arterial hypertension in congenital heart disease". B.J.M. Mulder. *Eur Respir Rev* 2010; 19: 308–313.

Unfortunately, the abbreviation CTD was mistakenly used in the first sentence of the following paragraph in this article:
Down's syndrome represents another patient population at risk for PAH-CTD. Individuals with Down's syndrome are often born with heart defects: a prospective study by the Dutch Paediatric Surveillance Unit in children with Down's syndrome, born between 2003 and 2006, showed that 43% of 482 children in the cohort had CHDs [28]. The most common defect was ASD, which occurred in 54% of patients, with VSD occurring in 33.3% and PDA in 5.8% [28]. In patients with Down's syndrome, it has been suggested that PAH-CHD develops earlier and more aggressively [29, 30]. In the Belgian national registry of Eisenmenger's syndrome patients, 45% of the 91 patients included had Down's syndrome [31]. Patients with dual Down's–Eisenmenger's syndrome were younger than those with Eisenmenger's syndrome and had a worse functional capacity. They were also less likely to be receiving advanced PAH therapy. Bosentan has been investigated for its effects in patients with both Eisenmenger's syndrome and Down's syndrome [18]: median 6-min walk distance (6MWD) significantly increased among bosentan-treated patients over 12 weeks, but not over 52 weeks. The results were consistent with those observed in Eisenmenger's syndrome patients without Down's syndrome, and it appears that bosentan may be of some benefit in dual Down's–Eisenmenger's syndrome patients, especially in the short term. However, it is questionable whether 6MWD is a reliable measure in Down's syndrome patients [32].

The abbreviation should have appeared as CHD to refer to congenital heart disease. The corrected sentence is as follows:
''Down's syndrome represents another patient population at risk for PAH-CHD.''