

CORRECTION

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Correction: A meta-analysis of colchicine in prevention of atrial fibrillation following cardiothoracic surgery or cardiac intervention

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Correction: *Journal of Cardiothoracic Surgery* (2022) 17:224
<https://doi.org/10.1186/s13019-022-01958-9>.

Following publication of the original article [1], the author would like to change the Result and conclusion section in abstract part from

Results: A total of 9 RCTs were included in this meta-analysis, enrolling a total of 2031 patients. Colchicine significantly reduces the incidence of POAF (RR 0.62; 95% CI, 0.52–0.74, $P < 0.001$, $I^2 = 0\%$). Subgroup analyses indicated that the protective effect of colchicine on POAF was slightly stronger in the long-duration group (RR 0.60; 95% CI, 0.48–0.75, $P < 0.001$, $I^2 = 0\%$) than in the short-duration group (RR 0.65; 95% CI, 0.49–0.86, $P < 0.001$, $I^2 = 0\%$).

Conclusion: Colchicine is effective in preventing the occurrence of POAF. The efficacy of colchicine can be slightly increased over treatment duration, with no obvious adverse reactions.

Results: A total of 9 RCTs were included in this meta-analysis, enrolling a total of 2031 patients. Colchicine significantly reduces the incidence of POAF (RR 0.62; 95% CI, 0.52–0.74, $P < 0.001$, $I^2 = 0\%$). Subgroup analyses indicated that the protective effect of colchicine on POAF was almost the same ($P = 0.71$) in the long-duration group (RR 0.60; 95% CI, 0.48–0.75, $P < 0.001$, $I^2 = 0\%$) and the short-duration group (RR 0.65; 95% CI, 0.49–0.86, $P < 0.001$, $I^2 = 0\%$).

Conclusion: Colchicine is effective in preventing the occurrence of POAF. The efficacy of colchicine cannot be increased over treatment duration, with no obvious adverse reactions.

The original article has been corrected.

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Reference

1. Zhao V, et al. *J Cardiothorac Surg.* 2022;17:224. <https://doi.org/10.1186/s13019-022-01958-9>.

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