Cardiovascular Diabetology

CORRECTION

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Correction: Dapaglifozin reduces the vulnerability of rats with pulmonary arterial hypertension-induced right heart failure to ventricular arrhythmia by restoring calcium handling

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Following publication of the original article [1], the author noticed the error in Fig. 6. In the published article, Figs. 4 and 6 look same. The author has wrongly uploaded Fig. 6 in the manuscript package which has been processed by the typesetter. However, the text citations and caption of Fig. 6 seems to be correct. Now this has been corrected with this erratum. The corrected Fig. 6 has been given in this correction.

The original article can be found online at https://doi.org/10.1186/s12933-022-01614-5.

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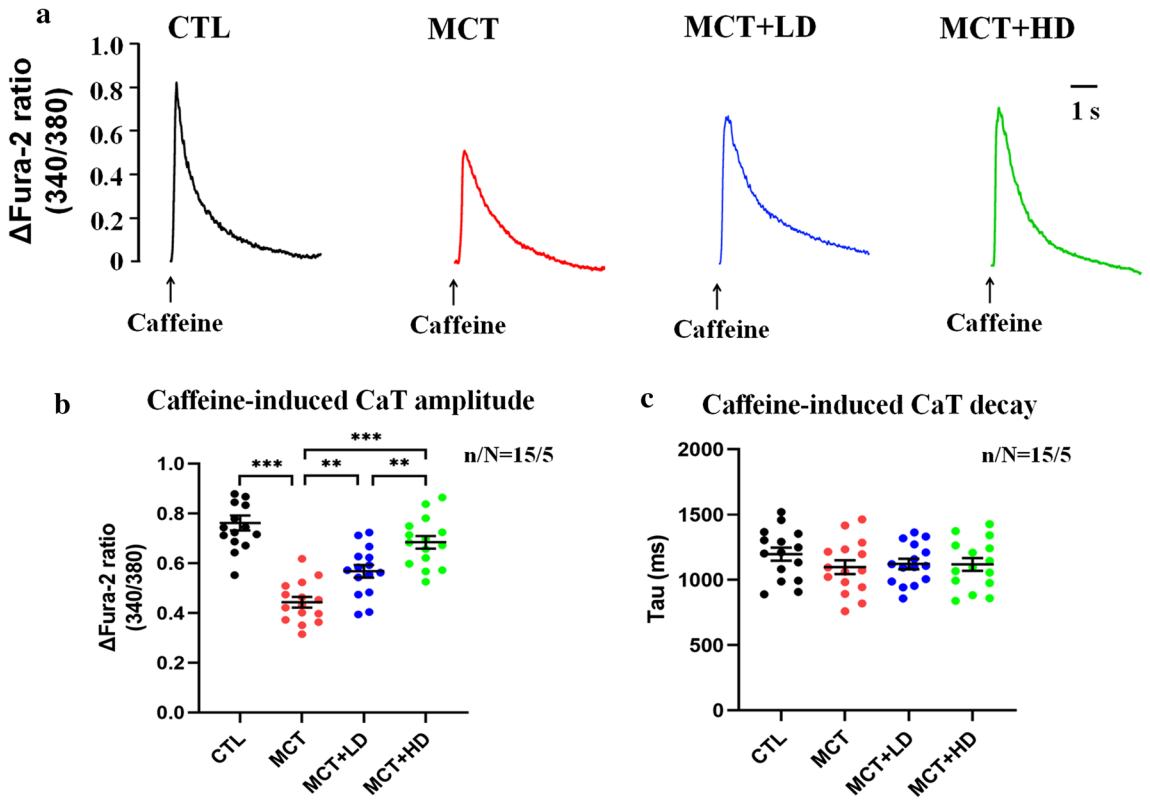

Fig. 6 Assessment of $[Ca^{2+}]_{SR}$ by measurement of caffeine-induced CaTs. **a** Representative recording of caffeine-induced CaTs from a single RVCM for the 4 groups (caffeine = 10 mmol/L), which was used to estimate the total $[Ca^{2+}]_{SR}$ content. **b** CaT amplitude. **c** CaT decay time constant. Each point represents the result from a single RVCM. *RVCM* right ventricular cardiomyocyte, *CaT* Ca^{2+} transient, $[Ca^{2+}]_{SR}$ sarcoplasmic reticulum Ca^{2+} content. n/N = 15/5 = cells/rats per group. The horizontal lines show the mean ± SEM. One-way ANOVA or the nonparametric Wilcoxon signed-rank test. *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

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