

ERRATUM TO: Myocardial Injury Among Postoperative Patients: Where Is the Wisdom in Our Knowledge?

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The author would like to make the following correction to the Editorial, originally published in the July issue of the *Journal of Hospital Medicine* 2020;15(7):447-448. DOI 10.12788/jhm.3468. In the third paragraph, MINS was described as an “umbrella term that can indicate either a myocardial infarction (MI) or nonischemic myocardial injury (NIMI).” This is not fully accurate: MINS is an umbrella term that can indicate either an MI or other myocardial injury due to ischemia. The correction to the paragraph is as follows, indicated in bold type:

In this journal issue, Cohn and colleagues summarize the current information around this phenomenon of myocardial injury after noncardiac surgery, or MINS.¹ Consistent with the literature, they define MINS as an acute rise and/or fall in troponin (above the assay's upper limit of normal) at any point in the 30 days following noncardiac surgery. Importantly, **MINS is an umbrella term that can indicate either an MI or other myocardial injury due to ischemia.** An MI exists if there are clinical signs of ischemia and/or objective evidence of infarction on imaging.

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Reference

1. Cohn SL, Rohatgi N, Patel P, Whinney C. Clinical progress note: myocardial injury after noncardiac surgery. *J Hosp Med.* 2020;15(7):412-415. <https://doi.org/10.12788/jhm.3448>