"Clinical phenotypes and outcomes of precapillary pulmonary hypertension of sickle cell disease." Laurent Savale, Anoosha Habibi, François Lionnet, Bernard Maitre, Vincent Cottin, Xavier Jais, Ari Chaouat, Elise Artaud-Macari, Matthieu Canuet, Grégoire Prevot, Christelle Chantalat-Auger, David Montani, Olivier Sitbon, Fréderic Galacteros, Gérald Simonneau, Florence Parent, Pablo Bartolucci and Marc Humbert. *Eur Respir J* 2019; 54: 1900585.

The lower panel in figure 2a of this article was originally published with an error in the axis labelling.

The amended figure is presented below in its correct form. The article has been corrected and republished online.

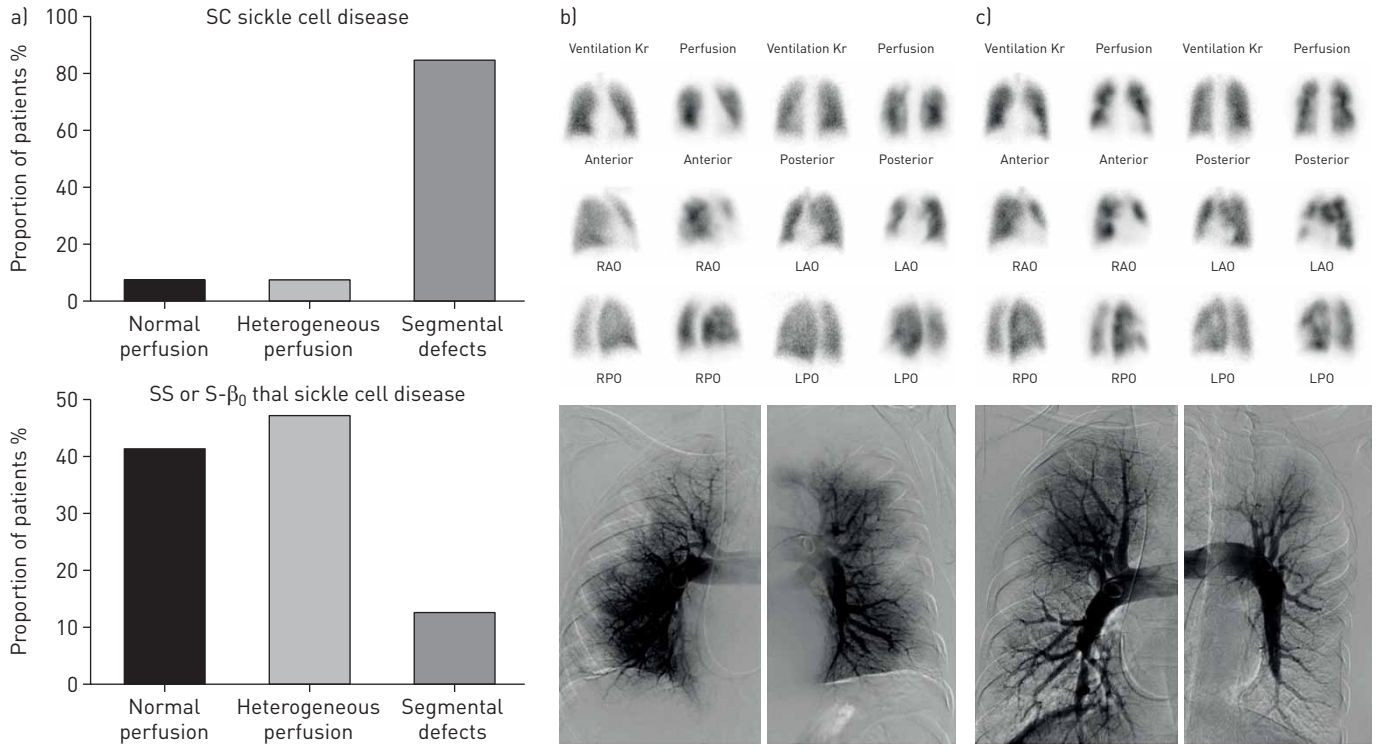

FIGURE 2 Ventilation/perfusion (V/Q) lung scintigraphy and digital subtraction pulmonary angiography (DSA) according to the disease genotype. a) The proportion of patients with normal perfusion, heterogeneous perfusion and segmental perfusion defects on V/Q lung scintigraphy according to the genotype of sickle cell disease. b) A case of homozygous for haemoglobin S (SS) sickle cell disease with heterogeneous perfusion on V/Q lung scintigraphy and diffuse subpleural hypoperfusion on DSA. c) An example of an SC sickle cell disease patient with segmental perfusion defects on V/Q lung scintigraphy and distal chronic thromboembolic pulmonary hypertension on DSA. RAO: right anterior oblique; RPO: right posterior oblique; LAO: left anterior oblique; LPO: left posterior oblique.