

Dear editor,

We have noticed that in our paper: **Exploring discordance in evidence from meta-analyses and subsequent large-scale randomized controlled trials in perioperative medicine** by *Vanoverschelde H, De Pauw E, Kerremans O, Wyffels P, Wouters P* (Acta Anaesth Bel 2025; 76(4): 247-260), a typographical error has occurred in Table V for the reported Odds Ratio of the meta-analysis of Pöpping et al. In Table IV for the study of Du et al the numbers of a classic 2x2 table were given instead of the total number of included patients in each study arm. The correct data, with adjusted forest-plot, can be found below. We apologize for not having noticed this problem at the stage of the proofreading.

**Table IV old:**

RCT Author	RCT Year	Effect intervention	Total Intervention	Effect Control	Total Control
Du(26)	2021	355	498	326	533

**Table IV new:**

RCT Author	RCT Year	Effect intervention	Total Intervention	Effect Control	Total Control
Du(26)	2021	355	<b>853</b>	326	<b>859</b>

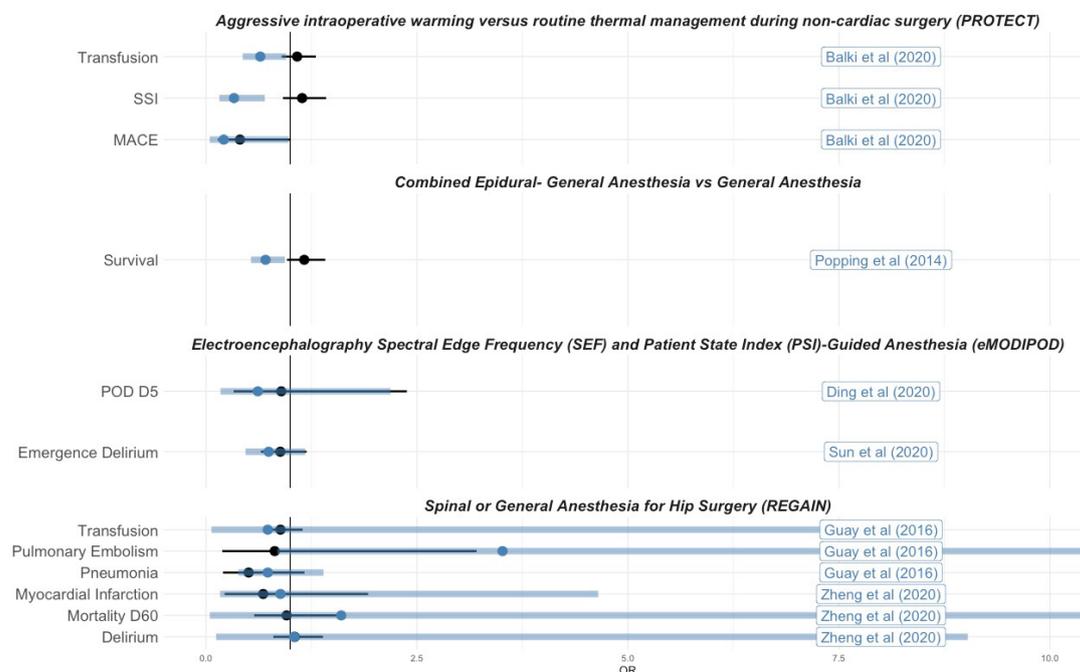
**Table V old:**

MA Author	MA Year	Effect Intervention	Total Intervention	Effect Control	Total Control	RR	OR	CI
Pöpping(27)	2014	80	3911	122	3855		0.96	0.51-0.92

**Table 5 new:**

MA Author	MA Year	Effect Intervention	Total Intervention	Effect Control	Total Control	RR	OR	CI
Pöpping(27)	2014	80	3911	122	3855		<b>0.69</b>	0.51-0.92

Adjusted upper panel of Figure 3:



*Fig. 3* — Forest plot derived from the present analysis, comparing effect estimates from meta-analyses (blue) and subsequent large randomized controlled trials (black) across multiple perioperative outcomes. Each outcome is plotted with its corresponding odds ratio (OR) and 95% confidence interval. The vertical line at OR = 1 indicates no effect. Overlapping confidence intervals suggest agreement between evidence sources, whereas non-overlapping intervals highlight inconsistency. SSI: Surgical site infection; MACE: Major adverse cardiovascular events; POD D: Postoperative delirium on day 5; AF: Atrial fibrillation.