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### March 2007 issue, vol. 88 (3) – pages 251-57

The key words in the abstract of the paper “**Ventricular electrical activation in cardiac resynchronization as characterized by body surface potential mapping**”, page 251, should read:

Key words: bundle-branch block; heart failure, congestive; cardiac pacing, artificial; body surface potential mapping.

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### February 2007 issue, vol. 88 (2), pages 240-42

The authors of the article “**Circadian pattern of ventricular tachycardia episodes in patients with Chagas’ heart disease**” are as follows: Mauricio Abello, Jorge González-Zuelgaray, Maria E. Daglio, Carlos Lopez, Sebastián Garraza, Ariel Szyszko.

Please disregard what was published in the February 2007 issue, vol. 88 (2), pages 240-42.

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### January 2007 issue, vol. 88 (1), page 52

Due to a typographical error, we are republishing the abstract of the article “**Echocardiography Evaluation for Asymptomatic Patients with Severe Obesity**”, written by Isaura Elaine Gonçalves Moreira Rocha, Edgar Guimarães Victor, Maria Cynthia Braga, Oswaldo Barbosa e Silva, Mônica de Moraes Chaves Becker, and published in the January 2007 issue, volume 88, page 52.

#### **Summary**

**Objective:** To study the systolic and diastolic function of asymptomatic patients with severe obesity using a Doppler echocardiography.

**Methods:** Thirty candidates for bariatric surgery, with an average BMI of  $49.2 \pm 8.8$  kg/m<sup>2</sup> and no previous history of heart disease were evaluated through transthoracic echocardiography.

**Results:** Enlarged left chambers were observed in 42.9% of the sample, diastolic dysfunction in 54.6% and left ventricular hypertrophy in 82.1%, of which 50% of the cases presented the geometric pattern of eccentric hypertrophy. Indexation of left ventricular mass to height resulted in a significantly higher number of diagnoses for hypertrophy than indexation to body surface area ( $p = 0.0053$ ), demonstrating that this index is more appropriate to determine ventricular hypertrophy in obese people. Correlations between left ventricular hypertrophy with obesity duration and pressure levels were positive as well as correlations between body mass index and diastolic dysfunction indicators.

**Conclusion:** This study demonstrated that echocardiograms performed on asymptomatic severely obese patients can detect alterations in the cardiac structure that are common in cases of obesity cardiomyopathy and can be associated with the development of heart failure, arrhythmias and sudden death, enabling the identification of patients with greater cardiovascular risk.

**Key words:** Left ventricular hypertrophy, obesity cardiomyopathy, severe obesity, echocardiography.

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### November 2003 issue, vol. 81 (5), pages 483-93

The name of the co-author was erroneously published in the November 2003 issue, vol. 81 (5):483-93. It should read “Benchimol-Barbosa PR”.