ERRATUM

In the article entitled "Correlation Between CD11b/CD18 and Increase of Aggregability of Granulocytes in Coronary Artery Disease" by Antonio Mazzone, Davide Pasotti, Stefano De Servi, Gianluca Fossati, Iolanda Hazzuchelli, Paola Cavigliano, and Giovanni Ricevuti (*Inflammation*, Volume 16, Number 4, pp. 315-323) the first paragraph of the Materials and Methods section should read:

Study Patients. Thirty patients who underwent diagnostic coronary arteriography were studied. Twenty patients (group I) had a clinical diagnosis of angina (stable and unstable) and a positive exercise test defined as the development of ST-segment depression of 1 mm or more in stable patients. The nineteen male patients and one female patient had a mean age of 55 years (range 42-68). Of the remaining 10 patients (group II), three had atypical chest pain and a negative exercise test, while seven had moderate to severe mitral regurgitation. Six patients were men and four were women with a mean age of 52 years (range 41-64). At the time of the study no patient was in congestive heart failure or had an acute infective disease. Cardioactive drugs, which included nitrates, nifedipine, and beta-blockers in group I patients, were progressively tapered and finally discontinued at least 24 hr before the study (72 hr for beta-blockers) only in patients with stable angina. Three patients of group II were taking digitalis and furosemide, drugs which were not discontinued. No patient was taking antiaggregating agents. A significant coronary artery disease was defined as a >50% narrowing in the luminal diameter of any individual coronary vessel. Patients were studied in the fasting state after premedication with 10 mg of diazepam. At the beginning of the procedure a No. 8 Lehman catheter was advanced from the brachial artery and placed in the ascending aorta, while a No. 7 Gorlin catheter was inserted in an antecubital vein and placed in the coronary sinus. Simultaneous sampling (15 ml of heparinized blood) was obtained from the aorta and the coronary sinus prior to the injection of contrast medium.