Erratum

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Regulation of Phospholamban and Sarcoplasmic Reticulum Ca^{2+} -ATPase by Atorvastatin: Implication for Cardiac Hypertrophy

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The last sentence on page 598-599 should be corrected to

"Effect of atorvastatin on serum lipids levels

As shown in Table I, the TC, TG and LDL-C serum levels in the SHR group were significantly lower than those in the WKY group ($P < 0.01$). After the administration of atorvastatin to the SHR group for 10 weeks, the above serum lipid levels were markedly reduced in the SHR-ATV group compared to those in the WKY ($P < 0.01$) and SHR groups ($P < 0.01$).

Effect of atorvastatin on systolic blood pressure

During the experimental period, the SBP in the SHR-ATV and SHR groups were both pathologically much higher than that in the WKY group ($P < 0.01$). After 10 weeks treatment with atorvastatin, a significant reduction in the SBP was observed in SHR-ATV group compared to the SHR ($P < 0.01$) and the 8-week old SHR-ATV groups ($P < 0.01$). However, there were no significantly changes in the SBP in the WKY group during this period (Table II).

Effect of atorvastatin on cardiac hypertrophy

In this study, several cardiac hypertrophic indices, such as the cardiosomatic ratio, LVW/BW ratio and cardiomyocytes TDM, were measured. Results in Table III demonstrate that the above indices in the SHR group were much higher than those in the WKY group. However, atorvastatin treatment resulted in marked reductions of these indices in the SHR-ATV group compared to the SHR group ($P < 0.01$) (Table III).

Effect of atorvastatin on SERCA2a activity

As shown in Fig. 1, the myocardial SERCA2a activity in the SHR group was much lower than in the WKY group ($P < 0.01$), following the 10 weeks of atorvastatin treatment, the SERCA2a activity in the SHR-ATV group was significantly increased compared to the SHR group ($P < 0.01$).

Fig. 1. The effect of atorvastatin on the cardiac SERCA2a activity. $\Delta p < 0.01$ compared to the WKY group. $*p < 0.01$ compared to the SHR group."