Erratum

Usefulness of the Electrocardiogram in Diagnosing Mechanisms of Tachycardia

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In the printed version of this article, unfortunately, the final figures and captions were not presented correctly. The correct version of Figures 7–10 are presented below.

Fig. 7. (A) Wide complex QRS tachycardia 244 beats per minute. RS pattern V₂₋₆. RBBB morphology with 1:1 VA conduction (retrograde P waves visible in ST segment following each QRS). **(B)** Same patient in sinus rhythm showing RBBB morphology identical to that of the tachycardia. Ten-year-old child postventricular septal defect repair.

Fig. 8. A 1-year-old child with intermittent, accelerated ventricular rhythm. Rate is only slightly above sinus, RS pattern is present but RS interval is >100 msec, and VA dissociation is present.

Fig. 9. Ventricular tachycardia in a 13-year-old with a history of exercise-induced syncope. RS pattern is absent, and VA dissociation and fusion beats are present. The tachycardia was ablated in the mid-lower septal region of the left ventricle.

Fig. 10. A 17-year-old with dilated cardiomyopathy and complete heart block undergoing AICD implantation. Rhythm strip showing first junctional beat with prolonged, morphologically abnormal ST-T wave. An afterdepolarization occurs following the second beat, triggering polymorphic ventricular tachycardia.