Correction to: first epicardial mapping of the left ventricle using the advisor™ HD grid catheter

Barbara Bellmann¹ • Jakob Lüker¹ • Daniel Steven¹ • Arian Sultan¹

Published online: 14 August 2018

© Springer Science+Business Media, LLC, part of Springer Nature 2018

**Correction to: Journal of Interventional Cardiac
Electrophysiology**

<https://doi.org/10.1007/s10840-018-0388-1>

Figure 1 as originally published was incorrect—on the published fig. 1C there is no RVA catheter and the wrong figure caption was used. Figure 1 has been corrected along with the figure caption.

The online version of the original article can be found at <https://doi.org/10.1007/s10840-018-0388-1>

✉ Barbara Bellmann
barbara.bellmann@uk-koeln.de

¹ Department of Electrophysiology, University of Cologne,
Cologne, Germany

Fig. 1 Figure 1A presents the 12-channel-ECG of the first clinical VT (Cycle length 580 ms, positive in II, III, aVF and transition in V2). Figure 1B shows the 12-channel-ECG from the epicardial VT with a very wide QRS-complex (Cycle length 560 ms, positive II, III, aVF and a positive concordance). Figure 1C demonstrates local abnormal

ventricular activities (VT 2) using the high resolution multipolar catheter (red circles). The catheter composed of a shaft containing two electrodes and four splines, each containing four electrodes. RVA marks the signals of a diagnostic catheter in the right ventricle