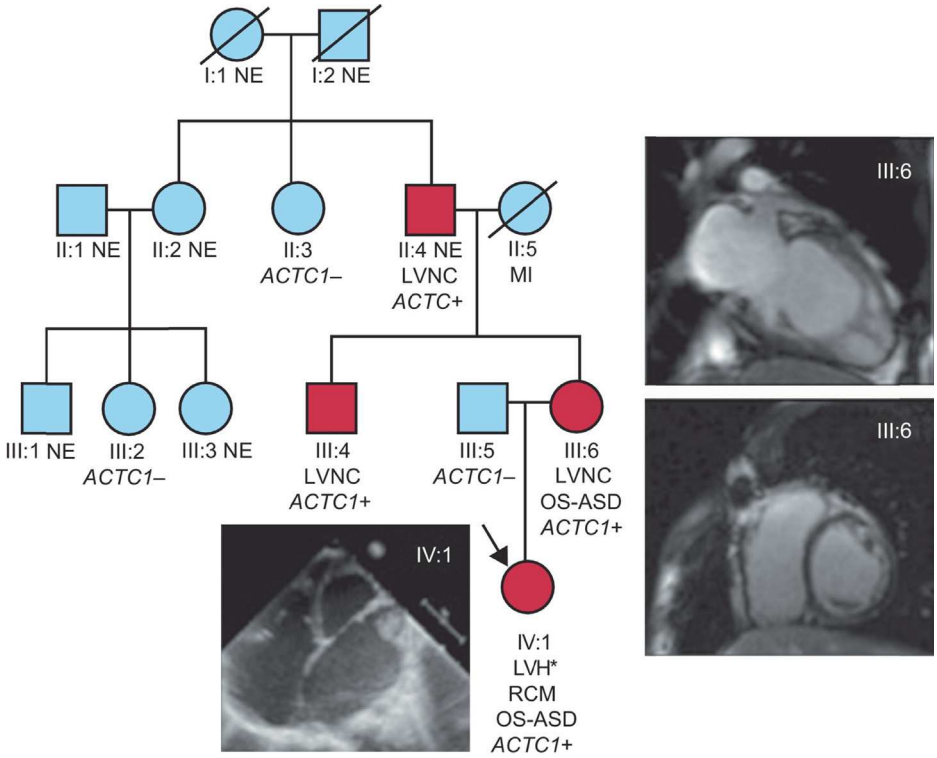
Corrections

Correction in article "Familial Left Ventricular Noncompaction Associated With a Novel Mutation in the Alphacardiac Actin Gene", Rev Esp Cardiol. 2014;67:857-9

Corrección en el artículo «Miocardiopatía no compactada familiar asociada con una mutación nueva en el gen de la alfa actina cardiaca», Rev Esp Cardiol. 2014;67:857-9

In the article by Rodríguez-Serrano et al., "Familial Left Ventricular Noncompaction Associated With a Novel Mutation in the Alphacardiac Actin Gene", published in Rev Esp Cardiol. 2014;67:857-9, the following errors were found:

Figure. In the last line of the family pedigree, where it says: "V: 1", it should say: "IV:1". The correct figure is:



SEE RELATED ARTICLE:
http://dx.doi.org/10.1016/j.rec.2014.05.015

http://dx.doi.org/10.1016/j.rec.2014.10.007

Table. Row 7 has been duplicated by mistake. The characteristics of rows 4 and 6 (pedigree positions III:4 and III:6) have been switched. The correct table is:

Table
Results From the Clinical Family Evaluation

Pedigree position	Sex/ Age, y	Clinical history	ECG	Echocardiography	CMRI	Holter	Exercise testing	Genetics: heterozygous ACTC1^{I289T} mutation
II:3	F/59	Asymptomatic	Normal	Normal	—	—	—	Non carrier
II:4	M/66	Dyspnea, NYHA class I-II/IV	SR, first degree AV block, QS in the inferior leads	One year before this study, in another center: echocardiography within normal limits At the beginning of this study: LVNC, normal LV size; LVEF, 36%; moderately impaired RVEF At follow-up: upper limit LV diameters with hypertrabeculation; LVEF, 25%; normal RVEF	LVNC; LVEF, 48%; intramyocardial LGE at the inferior wall and posterior septum	SR, unremarkable isolated ventricular ectopies, unremarkable atrial ectopies in isolation, couplets and salvoes	Normal	Carrier
III:2	F/33	Asymptomatic	Normal	Normal	—	—	—	Non carrier
III:4	M/31	Dysnea, NYHA class II/IV	SR, nonspecific ventricular activation delay	LVNC; spheric-shaped dilated LV (65/52 mm); LVEF, 25%; restrictive filling pattern; severe mitral regurgitation; normal-sized RV with preserved RVEF	LVNC; dilated LV; LVEF, 27%; prolapse of posterior mitral left with severe mitral regurgitation.	SR; scarce atrial ectopies in couplets and salvoes; ventricular ectopies in isolation (1908); couplets (43), and one salvoe (5 beats)	Ventricular ectopies and 1 nonsustained ventricular tachycardia (3 beats) at peak exercise	Carrier
III:5	M/37	Asymptomatic	Normal	Normal	—	—	—	Non carrier
III:6	F/32	Previous clinical history: OS-ASD repaired at 10 years of age; one miscarriage (hydrops) At follow-up: Dyspnea class I-II/IV NYHA	Normal	Three years before this study, in another center: echocardiography within normal limits At the beginning of this study: normal LV size; LVEF, 53%; apical and septal hypertrabeculation, restrictive filling pattern normal sized RV with mildly impaired RVEF At 1-year follow-up: upper limit LV diameters (51/43 mm); LVEF, 36%; restrictive filling pattern; apical hypertrabeculation not fullfilling criteria for LVNC; moderate tricuspid regurgitation without pulmonary hypertension. upper limit RV diameters with mildly impaired RVEF At 2-year follow-up: improvement of LVEF and RVEF	Three years before this study, in another center: hypertrabeculation in lateral and inferolateral regions; normal sized LV; LVEF, 51% At the beginning of this study: LVNC more prominent at the anterolateral and inferolateral wall; dilated LV; LVEF, 55%; RVEF, 46%; subepicardial LGE at the inferior and lateral walls; akinetic biventricular apical segments	SR, isolated rare atrial and ventricular ectopies	Normal	Carrier
IV:1	F/3	Heart transplantation at 9 months of age because of refractory heart failure; no further clinical events	SR at 150 bpm; left atrial and LV hypertrophy and inespecific alteration in the ventricular repolarization	Before heart transplantation: dilated LV (36/27 mm) and LVEF, 46%; restrictive filling pattern; severe-moderate mitral and tricuspid regurgitation; moderate pulmonary hypertension; OS-ASD, 5 mm At heart transplantation: LV hypertrabeculation	—	—	—	Carrier

ACTC1, alpha-cardiac actin gene; AVB: atrioventricular block; CMRI, cardiac magnetic resonance imaging; ECG, electrocardiogram; F, female; LGE, late gadolinium enhancement; LV, left ventricle; LVEF, left ventricular ejection fraction; LVNC, left ventricular noncompaction; M, male; MI, myocardial infarction; NE, not evaluated; NYHA, New York Heart Association; OS-ASD, ostium secundum atrioseptal defect; RV, right ventricle; RVEF, right ventricular ejection fraction; SR: sinus rhythm.

These corrections were made in the electronic version of the article on 5 November 2014.