

CORRECTION

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Catheter Ablation of Arrhythmias Originating From the Left Ventricular Outflow Tract



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On page 10, in the section, “Special Considerations for Targeting LVOT Arrhythmias Associated With Structural Heart Disease,” an incorrect word was used.

The corrected paragraph appears here with the correct word highlighted in italics:

The LVOT is a critical site for not only idiopathic VAs, but also VAs associated with structural heart disease. LVOT VAs can arise from scar involving the basal left ventricular septum and the peri-aortic region both in patients with dilated nonischemic cardiomyopathy and in patients with preserved left ventricular ejection fraction (4,5). Some peri-aortic scar associated LVOT VAs may mimic idiopathic VAs. LVOT VAs due to structural heart disease can be differentiated from idiopathic VAs on the basis of the presence of 1) late gadolinium enhancement on cardiac magnetic resonance imaging, 2) abnormal bipolar or unipolar voltage in the peri-aortic region and 3) multiple inducible ventricular tachycardia morphologies, often with shorter cycle lengths associated with hemodynamic instability (4,5). The presence of abnormal septal LVOT unipolar voltage in the setting of relatively normal epicardial and endocardial bipolar voltage in the region is suggestive of abnormal intramural substrate (4). Adenosine testing can also help distinguish scar-associated ventricular tachycardia from idiopathic ventricular tachycardia. Scar-associated ventricular tachycardia is usually due to re-entry and is therefore adenosine-insensitive while most idiopathic ventricular tachycardia are due to triggered activity and hence *adenosine-sensitive* (38). In general, due to the presence of larger regions of arrhythmogenic substrate and the propensity for these arrhythmias to arise from deep intramural sources, the risks of recurrence after catheter ablation of scar-associated LVOT VAs are higher than of idiopathic VAs. For intramural scar-associated VA, the use of alternative ablation strategies such as bipolar or ethanol ablation as well as surgical ablation, as discussed above, should be considered.

The authors apologize for the error.

The online version of the article has been corrected to reflect this change.

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