Diagnosis of a pseudoaneurysm of the right ventricular outflow tract

Sin,—Streeram et al reported the diagnosis of a pseudoaneurysm of the right ventricular outflow tract (1990;63:129–31). Their colour Doppler picture certainly shows clearly the narrow communication between the right ventricle and the pseudoaneurysm. Those who do not have a colour Doppler machine may be interested to know that a communication such as this can also be detected by contrast echocardiography, as we reported a few years ago.1

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CORRECTION

Review. Late potentials as predictors of risk after thrombolytic treatment? Günther Brézardt, Martin Borggraefe, Ulrich Karben

(September 1990 issue, volume 64: pages 174–6)—We regret that an editorial error was introduced into this article. Lines 9, 10, and 11 of the second paragraph on page 174 should have read: There was an inverse relation between the duration of late potentials and the rate of ventricular tachycardia.

This letter was shown to the author, who replies as follows:

Sin,—As Berant and Garty point out in their letter, the use of contrast echocardiography may be a valuable adjunct to the investigation of patients in whom a pseudoaneurysm of the right ventricular outflow tract is suspected. While contrast echocardiography is a useful alternative non-invasive approach to diagnosis where colour flow mapping is not available, we suggest that colour flow mapping is a more appropriate technique because it can be quickly and easily carried out as part of the ultrasound examination itself. It does not require an intravenous line and administration of a contrast agent. Furthermore, the contrast effect produced can be variable in such patients and thus the results of such studies could be misleading. We expect colour flow mapping will prove to be a more sensitive and specific technique.

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Balloon dilatation of tricuspid stenosis caused by carcinoid heart disease

Bharat Dalvi, P Mullins, J Hall and L M Shapiro

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