- 1 Jervell A, Lange-Nielsen F. Congenital deaf-mutism, functional heart disease with prolongation of the QT interval and sudden death. *Am Heart J* 1957;54:59-68.
- 2 Schwartz PJ. Idiopathic long QT syndrome: Progress and questions. *Am Heart J* 1985;109:399-411.
- 3 Gillette PC, Garson A. Ventricular arrhythmias. Pediatric arrhythmias: electrophysiology and pacing. Philadelphia: WB Saunders, 1990:468-72.
- 4 Ohe T, Kurita T, Aihara N, *et al*. Electrocardiographic and electrophysiologic studies in patients with torsades de pointes. Role of monophasic action potentials. *Jpn Circ J* 1990;54:1323-30.
- 5 Shimizu W, Ohe T, Kurita T, *et al*. Early afterdepolarizations induced by isoproterenol in patients with congenital long QT syndrome. *Circulation* 1991;84:1915-23.
- 6 Jackman WM, Friday KJ, Anderson JL. The long QT syndromes: a critical review, new clinical observations and a unifying hypothesis. *Prog Cardiovasc Dis* 1988;31:115-72.
- 7 Schwartz PJ, Locati E. The idiopathic long QT syndrome. Pathogenetic mechanisms and therapy. *Eur Heart J* 1985;6(suppl.D):103-14.
- 8 Emanuela HL, Schwartz PJ. The idiopathic long QT syndrome: therapeutic management. *PACE* 1992;15:1374-9.
- 9 Morganroth J. Relations of QTc prolongation on the electrocardiogram to torsades de pointes: Definitions and mechanisms. *Am J Cardiol* 1993;72:10B-13B.
- 10 Moore EN. Mechanisms and models to predict a QTc effect. *Am J Cardiol* 1993;72:4B-9B.

IMAGES IN CARDIOLOGY

“Sago” in a saphenous vein graft

Figure 1 Left anterior oblique view of the proximal part of the circumflex graft (digitally magnified $\times 2$).

A 65 year old man was free of angina after coronary artery bypass grafting. Angina recurred 57 months later and rapidly worsened over the next 3 months. Coronary and graft angiography was performed and selective angiography of a reversed saphenous vein graft to the obtuse marginal branch of the circumflex showed severe stenoses in the proximal and middle segments of the graft (arrows). The segment between the stenoses contained multiple, mobile, oscillating filling defects suggestive of thrombus (large arrowheads). There are clips on the left internal mammary artery graft (small arrowhead).

JANE S SKINNER
PHILIP C ADAMS

Figure 2 Anteroposterior view of the graft, unmagnified, showing the distal anastomosis.