In the article, “Epicardial-only block during endocardial mitral isthmus ablation facilitated by coronary sinus occlusion,” by Shah et al, which appeared in the August issue of the journal (*Circ Arrhythm Electrophysiol*. 2011;4:e42–e43), the figure has not displayed properly.

The figure should be:

![Occlusive Coronary Sinus Venogram](image1)

![Endocardial Radiofrequency Application](image2)

**Figure.** Fluoroscopic images show occlusive venogram of the CS and ablation of mitral isthmus from its endocardial side with balloon inflated in the CS. During ongoing endocardial mitral isthmus radiofrequency application, the intracardiac electrograms record the acute moment of epicardial-only block during CS 1 to 2 pacing. This is marked by instantaneous increase in the delay on bipole CS 3 to 4 from 22 to 168 ms. There is no change in the delay to the far-field endocardial recordings (84 ms on CS 3 to 4 and 100 ms on CS 5 to 6) before and after the moment of block. Notably, the P wave morphology also changed at the moment of epicardial block. The broken arrows represent the activation patterns of epicardial CS before and after the epicardial-only block. CS indicates coronary sinus.

The online version of this article has been corrected.

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Correction

Circ Arrhythm Electrophysiol. 2011;4:e70
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The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circep.ahajournals.org/content/4/5/e70