

Errata

Tabela 1

Taxas de letalidade, por 100, nas internações por RVM segundo os grupos de diagnóstico e os anos, nos hospitais do ERJ (SIH/SUS), de 1999 a 2003

Grupos de diagnóstico		Anos					Total
		1999	2000	2001	2002	2003	
IAM	%	0,0	5,6	19,0	5,5	3,8	5,2
	n	18	54	21	55	182	330
Angina	%	11,5	10,0	12,2	12,6	7,5	10,6
	n	591	400	271	206	374	1.842
Outras doenças isquêmicas agudas	%	6,3	9,9	4,2	9,4	8,0	7,5
	n	16	111	214	191	176	708
Doenças isquêmicas crônicas	%	4,9	6,6	5,4	6,0	3,8	5,4
	n	308	427	613	470	398	2.216
Outros diagnósticos	%	10,3	13,7	13,8	25,0	-	12,5
	n	116	95	29	8	-	248
Total	%	9,2	8,7	7,2	8,3	5,7	7,8
	n	1.049	1.087	1.148	930	1.130	5.344

Nesta tabela, o valor total da letalidade da angina saiu 0,6 quando o valor correto é 10,6. Revista da SOCERJ vol 18 nº 1, Jan/ Feb 2005, art 2, pg 25.

Abaixo re-publicamos o Abstract do art 5, pg 131 e a Figura 2, do mesmo artigo. Revista da SOCERJ vol 18 nº 2, mar/ abr 2005.

Abstract

Objective: To assess the reproducibility of Two-dimensional Echocardiogram (2DEcho) in the diagnosis of Valvar Prolapse (MVP) in outpatients.

Methods: 61 patients with clinical suspicion of MVP were studied prospectively through 2DEcho. The exams were performed and recorded by four echocardiographers. Both the presence and location of MVP were analyzed in compliance with the criteria established by the *American Society of Echocardiography*. The presence, type and degree of mitral incompetence (MI), interatrial septum redundancy (IASR), and myxomatous degeneration of mitral leaflets (MD) were also analyzed. The Kappa coefficient (k) was employed in the analysis of concordance. The McNemar's chi-square test was performed to evaluate the differences between the positivity proportions of the assessed items. A significance level of 5% was considered.

Results: The agreement on 2DEcho diagnosis for MVP among echocardiographers was from moderate/ reasonable to good (k-0.412 to 0.640). It was stronger when both leaflets were involved (k-0.566 to 0.814) and poorer when only the anterior leaflet was involved (k-0.157 to 0.740). In regard to the type of MI, there was from reasonable/moderate agreement to good (k-0.531 to 0.747) while in regard to the degree of IM there was very good agreement (k-0.834 to 0.927). In regard to MD, there was from reasonable/moderate to good agreement (k-0.467 to 0.893), and there was superficial/ reasonable agreement in regard to presence of IASR (k-0.258 to 0.818).

Conclusion: Agreement on detection of MVP among echocardiographers was not observed as expected, which suggests the need for new echocardiographic criteria for its diagnosis.

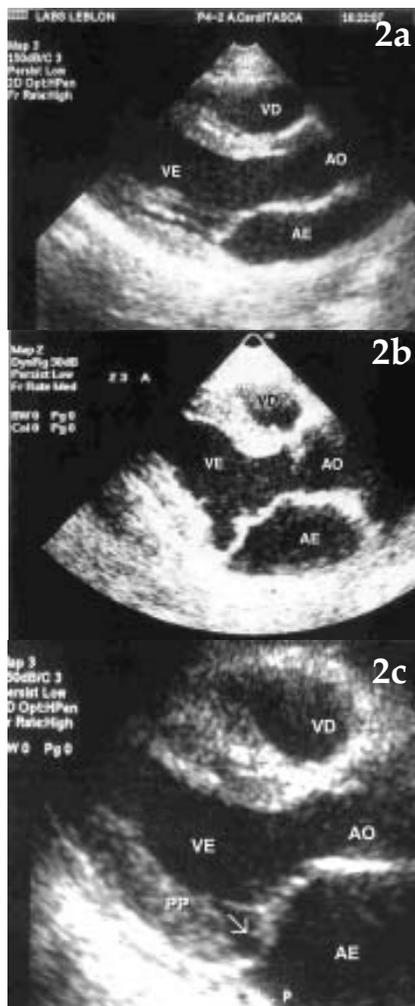


Figura 2a

Imagem de ecocardiograma bidimensional no corte longitudinal em sístole, de um paciente sem critérios para prolapso mitral. Os folhetos não ultrapassam a linha imaginária referida na Figura 1.

Figura 2b

Ecocardiograma bidimensional em sístole, no corte longitudinal, revelando prolapso valvar mitral de ambos os folhetos.

Figura 2c

Ecocardiograma bidimensional em sístole, no corte longitudinal, revelando prolapso valvar mitral do folheto posterior.