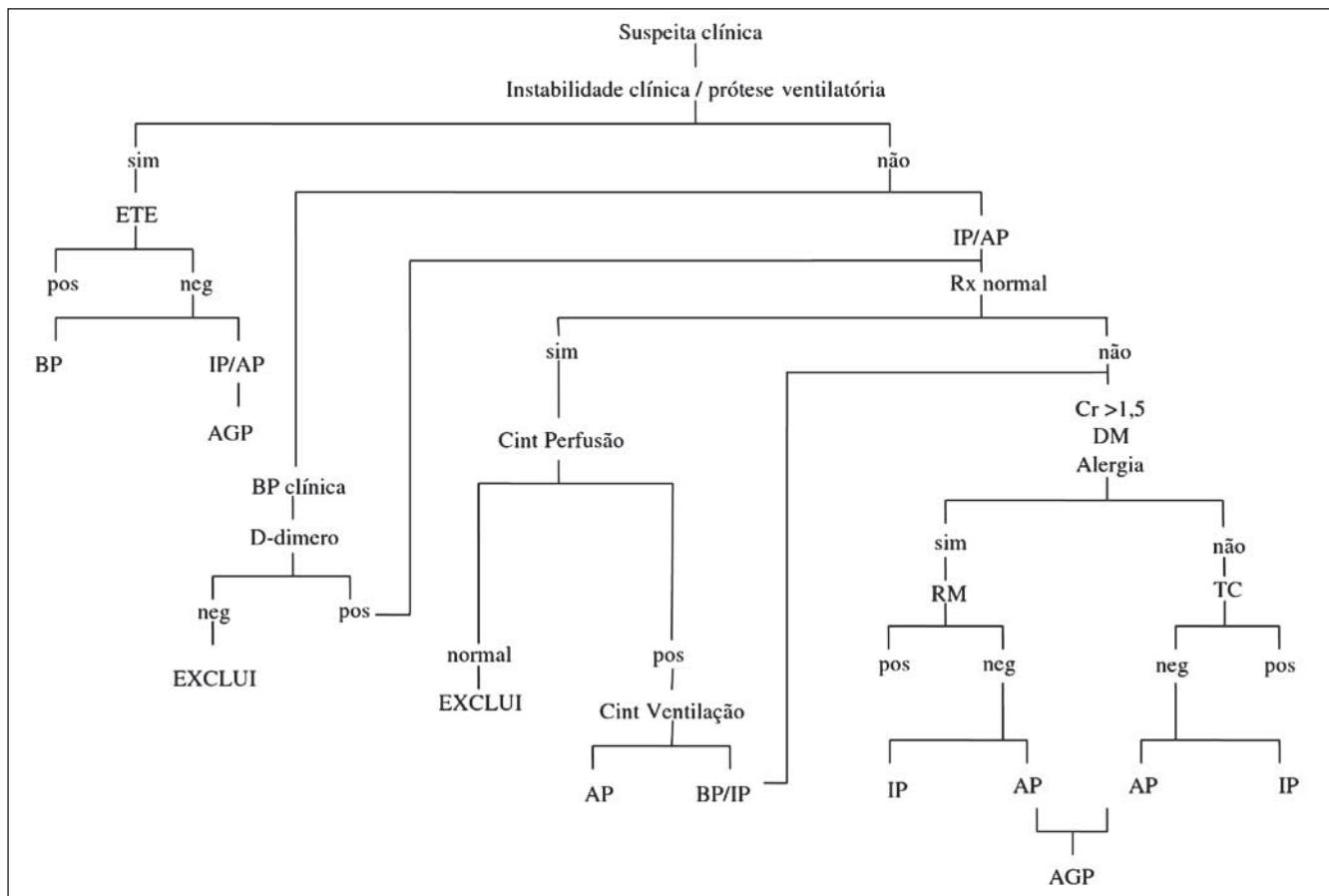


Referências

- Sra J, Dhala A, Blanck Z, et al. Sudden cardiac death. Curr Probl Cardiol. 1999; 24: 461-540.
- Sheldon RS. Syncope and sudden death in hypertrophic cardiomyopathy. Clin Sci. 1998; 94:335-6.
- Scherr D, Brunner G, Kaufmann P, et al. Aborted sudden death in a paciente with a structurally normal heart: the Brugada Syndrome. Intensive Care Med 2002; 28: 789-92.
- Brugada J, Brugada P, Brugada R, et al. The syndrome of right bundle branch block, ST elevation in V1-V3 and sudden cardiac death. Med Clin (Barc) 2002; 118: 150-6.
- Virmani R, Burke AP, Farb A. Sudden cardiac death. Cardiovasc Pathol. 2001; 10:275-82.
- Meyburg RJ, Spooner PM. Opportunities for sudden death prevention: Directions for new clinical and basic research. Cardiovasc Res. 2001; 50: 177-185.
- De Sutter J, Firsovaite V, Tavernier R. Prevention of sudden death in patients with coronary artery disease: do lipid – lowering drugs play a role ? Prevent Cardiol. 2002; 5: 177-82.
- Tin LL, Beevers DG, Lip GY. Hypertension, left ventricular hypertrophy and sudden death. Current Cardiology Reports. 2002; 4: 449-57.
- Firooz S, Sharma S, Hamid MS, et al. Sudden death in young athletes: HCM or ARVC? Cardiovascular Drugs &Therapy. 2002; 16: 1.
- Kayser HWM, van der Wall EE, Sivananthan UM, et al. Diagnosis or arrhythmogenic right ventricular dysplasia: a review. RadioGraphics. 2002; 22:639–50.
- Wehrens XH, Vos MA, Doevedans PA, et al. Novel insights in the congenital long QT syndrome . Ann Inter Med. 2002; 137: 981-92.
- Fozzard HA. Electromechanical dissociation and its possible role in sudden cardiac death. J Am Coll Cardiol. 1985;5(6 Suppl):31B-34B.
- Varnava AM, Elliot PM, Sharma S, McKenna NJ, Davies MJ. Hypertrophic cardiomyopathy: the interrelation of disarray, fibrosis, and small vessel disease. Heart. 2000;84:476-82.
- Lewis JF, Maron BJ. Diversity of patterns of hypertrophy in patients with systemic hypertension and marked left ventricular wall thickening. Am J Cardiol. 1990; 65:874-81.

Errata

No suplemento 1, do vol. 83 de Arquivos Brasileiros de Cardiologia deixou de ser incluído na seção “Fluxograma diagnóstico” (pág. 5) o respectivo fluxograma diagnóstico, exposto abaixo:



AP: alta probabilidade; IP: probabilidade intermediária; BP: baixa probabilidade; ETE: ecocardiograma transesofágico; AGP: arteriografia pulmonar; Rx: radiografia de tórax; Cint: cintilografia pulmonar; Cr: creatinina; DM: diabetes mellitus; RM: ressonância magnética; TC: tomografia computadorizada.