Correction: cardiovascular drugs attenuated myocardial resistance against ischaemia-induced and reperfusion-induced injury in a rat model of repetitive occlusion


The following reference should be included in this article:

This reference should be cited in two places:
(1) Figure 2 legend (behind NTG, nitroglycerin group):
“Maximal ST-segment elevation (A) and arrhythmias (B) were assessed during 90 min of final occlusion. Differences between means were compared by Dunnett’s multiple comparison. Means are pictured as diamonds with their corresponding 95% CIs (A, C). The Kruskall-Wallis test was used to determine whether proportions of arrhythmia grading differed significantly between each group and sham or ROP. (B). Lown’s grading of arrhythmia: 0=no ventricular premature beats (VPB), I=unifocal (1/min or ≥50/hour), IIb=systematized ventricular extra systoles (bigeminy), IVa=2 consecutive beats (couplets), IVb=≥3 consecutive beats (salvos), V=R on T. A value of p<0.05 indicated statistical significance vs ROP* or vs SGAM**. Number of analysed animals is given in table 1. CAN, candesartan group; MET, metoprolol group; NTG, nitroglycerin group41; RAN, ranolazine group; ROP, repetitive occlusion protocol group.”
(2) The Discussion section (Nitroglycerin topic, after the first sentence):
“Nitroglycerin is widely administered for rapid coronary vasodilation."  
(3) Table 1 legend (behind NTG, nitroglycerin group):
*Volume fraction of infarcted myocardium of the left ventricle after sustained LAD occlusion and reperfusion.
CAN, candesartan group; LAD, left anterior coronary artery; MET, metoprolol group; NTG, nitroglycerin group41.