Errata

In manuscript "Risk factors associated with esophageal cancer in North of Iran" Saudi Medical Journal 2008; Vol. 29 (1): 153,
the Reply from the Author was mistakenly omitted and appears in
Saudi Medical Journal 2008; Vol 29 (5):

In manuscript "Noncompaction cardiomyopathy in the State of Qatar"
Saudi Medical Journal 2007; Vol. 28 (3): 429-434,
In the methods section the following sentences "*A diagnosis of noncompaction of ventricular myocardium was made on the basis of the presence of numerous, excessively prominent trabeculations associated with deep intertrabecular spaces by ECG.*"
should appear as "A diagnosis of noncompaction of ventricular myocardium was made on the basis of the presence of numerous, excessively prominent trabeculations associated with deep intertrabecular spaces by echocardiogram".

And in the Results section the following sentences "*Since 2000, 12 cases (8 females and 4 males) of LV noncompaction were identified at our institution. They were followed up for 2-5years. The mean age at diagnosis was 6.5 years, 9 patients aged <10 years, 2 patients 10-20 years, one patient aged 37-year-old, and no consanguinity has been recorded. Family history of noncompaction was reported in 5 cases,*[1,8,10-12] *and history of DCM in one case.*[9] *Shortness of breath was the most common presentation (58%), and then palpitation (17%). Noncompaction was diagnosed accidentally during check up for relatives or due to cardiac murmurs in 25% of our cases. Facial dysmorphism has been noted in one case in the form of low set ear and epicanthal folds. Normal EF (>60%) was detected in 5 patients*[1-3,11,12] *(Table 1). For those patients pulsed-Tissue Doppler Imaging (TDI) revealed evidence of subclinical systolic dysfunction in 4 cases (Sm <8 mm). All patients showed variable degrees of diastolic dysfunction but restrictive pattern was noted in 40% of cases and was associated with poor prognosis and early death in one case. Mild to moderate systolic dysfunction (left ventricular ejection fraction 50% to >30%) was diagnosed in 4 cases while severely impaired EF was present in 3 cases (Table 2). Ejection fraction was normalized in one patient only. Progression to dilated cardiomyopathy occurred in 4 cases.*[6-9] *Site of noncompaction was variable: 4 patients had biventricular noncompaction.*[5,6,8,12] *This carried poor prognosis as 3 out of 4 died*". should have appeared as: "Since 2000, 12 cases (8 females and 4 males) of LV noncompaction were identified at our institution. They were followed up for 2-5years. The mean age at diagnosis was 6.5 years, 9 patients aged <10 years, 2 patients 10-20 years, one patient aged 37-year-old, and no consanguinity has been recorded. Family history of noncompaction was reported in 5 cases,(patients 1, 8, 10, 11 & 12) and history of DCM in one case (patient 9). Shortness of breath was the most common presentation (58%), and then palpitation (17%). Noncompaction was diagnosed accidentally during check up for relatives or due to cardiac murmurs in 25% of our cases. Facial dysmorphism has been noted in one case in the form of low set ear and epicanthal folds. Normal EF (>60%) was detected in 5 patients (patients 1, 2, 3, 11 & 12) (**Table 1**). For those patients pulsed-Tissue Doppler Imaging (TDI) revealed evidence of subclinical systolic dysfunction in 4 cases (Sm <8 mm). All patients showed variable degrees of diastolic dysfunction but restrictive pattern was noted in 40% of cases and was associated with poor prognosis and early death in one case. Mild to moderate systolic dysfunction (left ventricular ejection fraction 50% to >30%) was diagnosed in 4 cases while severely impaired EF was present in 3 cases (Table 2). Ejection fraction was normalized in one patient only. Progression to dilated cardiomyopathy occurred in 4 cases (patients 6, 7, 8 & 9). Site of noncompaction was variable: 4 patients had biventricular noncompaction (patients 5, 6, 8, & 12). This carried poor prognosis as 3 out of 4 died.

In manuscript "*Sensitivity of in-house polymerase chain reaction for detecting hepatitis B-DNA in HbsAg positive sera.*" Saudi Medical Journal 2008; Vol. 29 (4): A11,
the page number on the Table of Contents should have appeared as follows: Sensitivity of in-house polymerase chain reaction for detecting hepatitis B-DNA in HbsAg positive sera page 619.