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Erratum

"How We Perform Delayed Enhancement Imaging," by R. J. Kim, D. J. Shah, and R. M. Judd, *Journal of Cardiovascular Magnetic Resonance*, 5(3), 505–514 (2003).

Figures 1, 4, 6 and 7 from the above article are being reprinted here because they were shown in poor contrast in the original article.

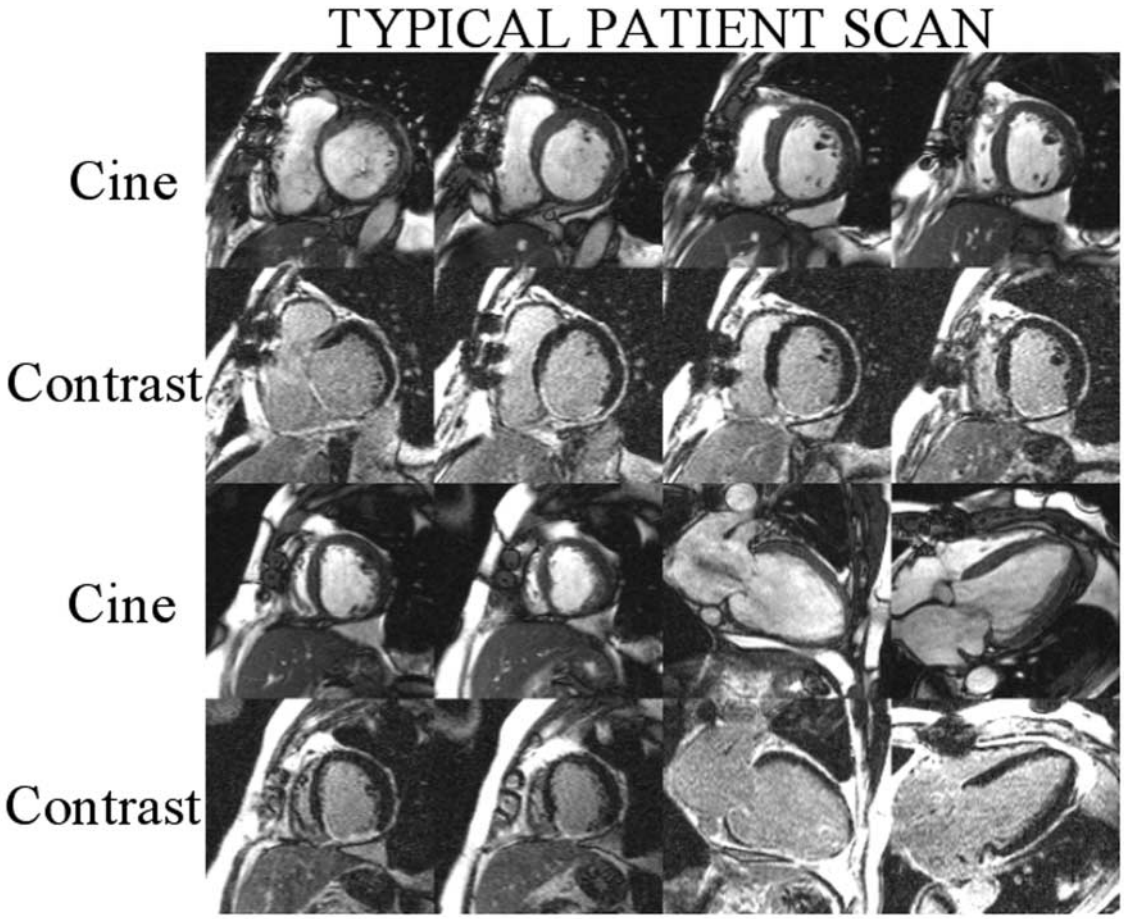

Figure 1. Images from a typical patient scan. Cine and contrast-enhanced images are acquired at six to eight short and two to three long-axis locations during repeated breath-holds. Images are interpreted with cine images immediately adjacent to contrast images. This particular patient had a myocardial infarction caused by occlusion of the right coronary artery. Note hyperenhancement of the inferior wall.

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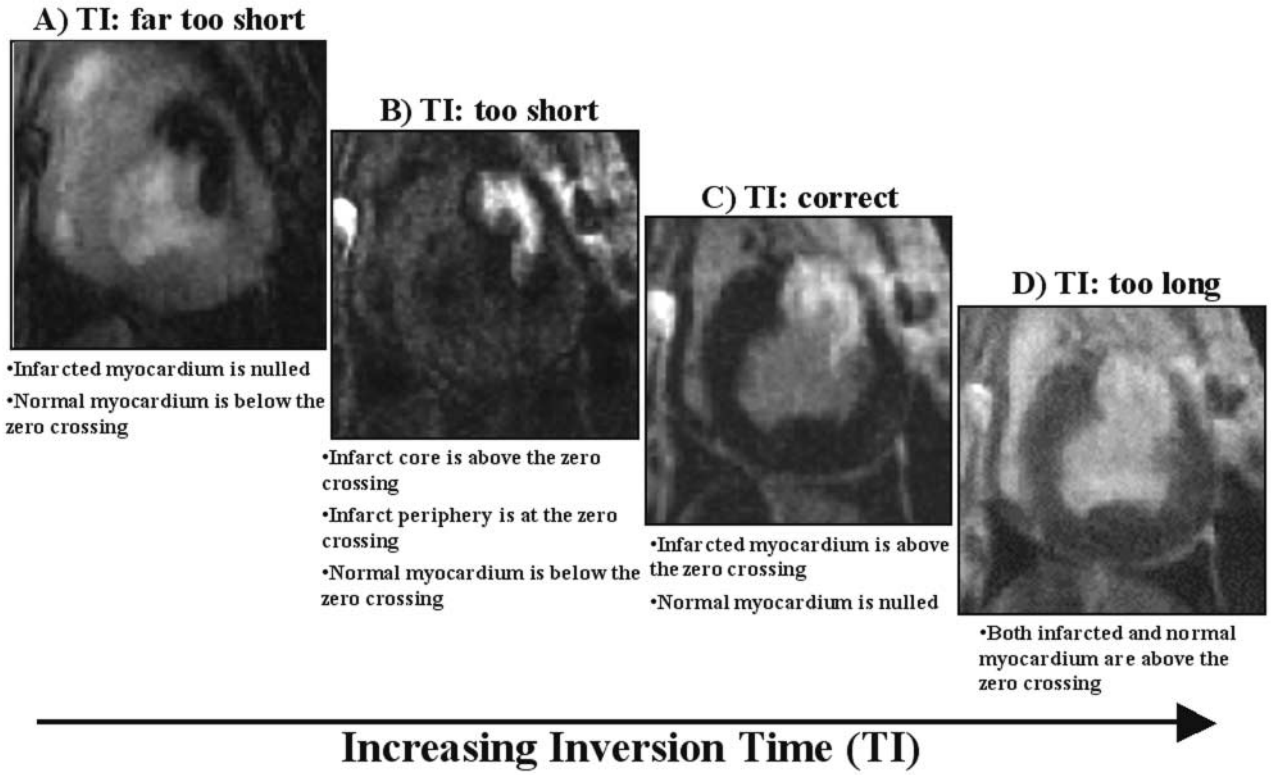

Figure 4. Delayed enhancement images in a subject with an anterior wall myocardial infarction in which the TI has been varied from too short to too long. *See text for details*.

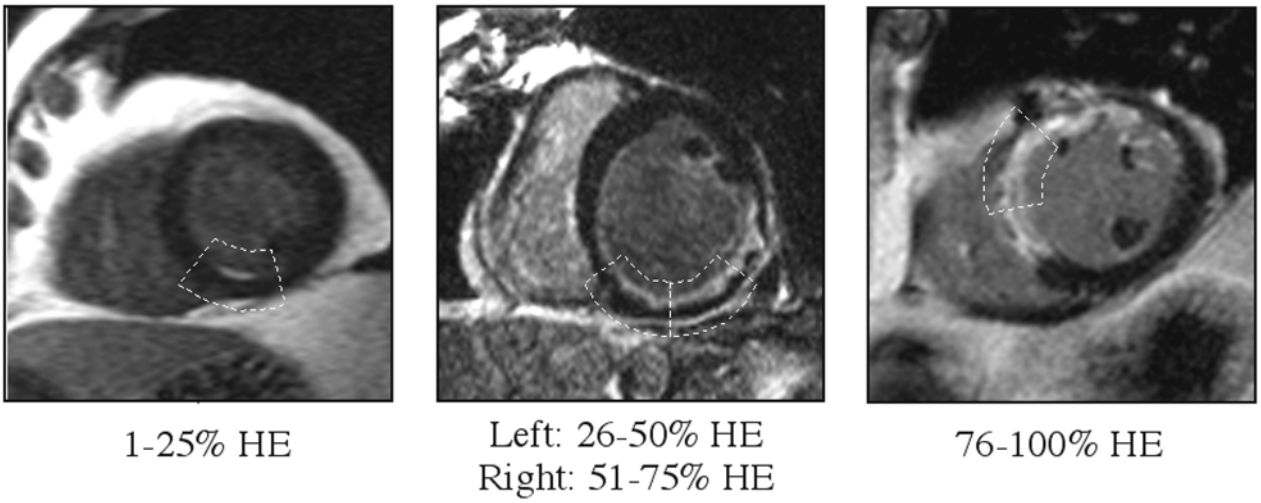

Figure 6. Typical images showing myocardial segments (dashed white lines) with various transmural extents of hyperenhancement.

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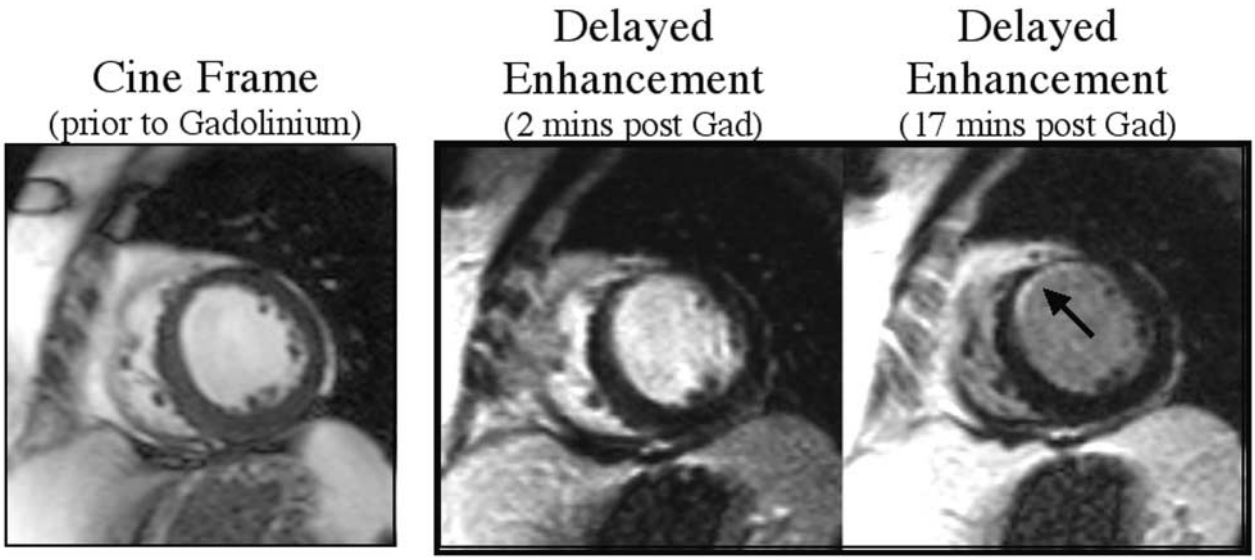

Figure 7. Short-axis view of a patient with an anterior wall myocardial infarction. Diastolic still frame taken from the cine images before gadolinium administration is compared with the delayed enhancement image taken both early and late following gadolinium injection. Note that it is difficult to differentiate the bright LV cavity from the subendocardial infarction in the early (2 mins) delayed enhancement image. The cine frame, by showing the diastolic wall thickness in the anterior wall, provides evidence that there is subendocardial hyperenhancement in the anterior wall on the early delayed enhancement image. The late (17 mins) delayed enhancement image provides confirmation that there is subendocardial hyperenhancement in the anterior wall.

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