## **Short Communications**

Short, well-documented original case reports, techniques, or research efforts will be published under *Brief Communications* in future issues of this journal. They should be limited to approximately a thousand words, with no more than two figures and five references.

## Acknowledgments

We acknowledge with pleasure the inspiration of the book, *Medicine, An Illustrated History*, by Albert S. Lyons, M.D., F.A.C.S., and R. Joseph Petrucelli II, M.D., published by Harry N. Abrams, Inc. (1978), 110 E 59th Street, New York, N.Y. 10022, for our historical glyph ideas, which are so creatively delineated by our own artist, Bill Andrews.

## Correction

The following section of the article, "Acute Aortic Stenosis of a Porcine Valve Heterograft Apparently Caused by Graft Rejection: Case Report with Discussion of Immune Mediated Host Response" (end of second line, Vol 9, No. 2, p. 229) was omitted:

Furthermore, when porcine xenografts are associated with thrombosis, the clotting is not immune mediated or related, and the histologic picture is different from that observed in our patient. Spray and Roberts<sup>8</sup> describe a case of low cardiac output associated with valve thrombosis without a cellular reaction on the valve itself. A similar condition has been observed when a porcine heterograft is used in the Fontan operation.<sup>10,11</sup> Thrombosis of the porcine heterograft occurred due to dehydration. Thrombus extended throughout the conduit but the valve was not completely obliterated. Furthermore, replacement by a second xenograft was well tolerated by the patient in marked contrast to what might be expected had an immune response initiated the fibrin deposition and thrombosis. Finally, development of an atrial mural thrombus near a mitral porcine xenograft was recently described.<sup>14</sup> The valve leaflets themselves were not described as altered and there was no thrombus on the prosthesis itself. The atrial mural thrombosis was felt to be caused by the shape of the muscular shelf near the right coronary cusp of the prosthetic valve.

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