Corrigendum

Corrigendum to: “Genetic control of sodium channel function”
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In the original article Figs. 2, 3 and 4 were incorrect. The correct figures are shown on the following pages.
Fig. 2. (A) Representative electrocardiogram of Long QT syndrome type 3 (40 ms/div). Note marked QT interval prolongation with late peaked T waves. There is also sinus bradycardia. (B) SCN5A mutations associated with Long QT syndrome type 3: summary of changes in their biophysical properties. \( \tau_{\text{fast}} \): current decay, time constant of fast component of sodium current decay (fast inactivation); \( \text{inact} \): inactivation; \( V_{\text{1/2}} \): voltage at which 50% of sodium channels are inactivated; \( V_{\text{1/2}} \): voltage at which 50% of sodium channels are activated; \( \Delta \): shift to negative voltage; \( \Delta \): shift to positive voltage; \( \downarrow \): reduction; \( \uparrow \): increase; \( \pm \): unchanged; \( - \): not reported.
Fig. 3. (A) Representative electrocardiogram of Brugada syndrome (40 ms/div). Note ST segment elevation (coved type) with negative T waves, typically seen in right precordial leads V1–V3 (here V1). There is also marked PQ interval prolongation. (B) SCN5A mutations associated with Brugada syndrome: summary of changes in their biophysical properties. Same abbreviations as in Fig. 2B.
Fig. 4. (A) Representative electrocardiogram of isolated conduction disease (40 ms/div). Note marked QRS widening and PQ interval prolongation. (B) SCN5A mutations associated with isolated conduction disease: summary of changes in their biophysical properties. Same abbreviations as in Fig. 2.