Figure 2. Repeat EKG in next 4 hours with significant reversal of her EKG changes at body temperature of 88.3°F.

lidocaine, and citalopram. She was extubated in less than 24 hours and was discharged from hospital in 3 days. The incident was thought to be an attempted suicide, which resulted in her exposure to cold weather conditions for 24 hours.

J waves (also called Osborne waves) are pathognomonic for hypothermia when present.¹ These look like “delta” or “camel’s hump” waves after regular QRS complex.¹ J waves or Osborne waves appear secondary to an exaggerated outward potassium current leading to repolarization abnormality.² These waves are detectable in 80% of the patients when core body temperature is lower than 30°C.³ J waves are seen in lead II and precordial leads V2-V6.¹ Similar findings can be seen in patients with hypercalcemia, Brugada syndrome, and early repolarization.¹ Our patient had significant hypokalemia and it could have contributed to the prolonged QRS. It should be noted, however, that the plasma potassium levels do not generally correspond to the electrocardiographic changes of hypokalemia.⁴ J waves are not prognostic indicators when they are present, unlike atrial fibrillation, which incurs survival disadvantage.⁵ Fatal ventricular fibrillation or asystole can occur when core body temperature is below 28°C.¹

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Erratum

Figure Attributions: Systemic Blastomycosis Diagnosed by Prostate Needle Biopsy (*Clin Med Res* 2008; 6:24-28. doi:10.3121/cmr.2008.789)

Peter M. Neal, MD[†] and Anne Nikolai, BS

[†]Address correspondence to: Peter M. Neal, MD; Marshfield Clinic Indianhead Center, Department of Urology; 1020 Lakeshore Drive; Rice Lake, WI 54868; Tel: 715-236-8313; Fax: 715-236-8104; Email: neal.peter@marshfieldclinic.org.

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The authors inadvertently omitted the attributions for several figures in their recent article. Figures 2, 3 and 4, and their descriptions, were contributed by Kathryn A. Kolquist, MD, Marshfield Laboratories–Pathology, Marshfield, Wisconsin. The authors sincerely apologize to Dr. Kolquist for this omission.

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