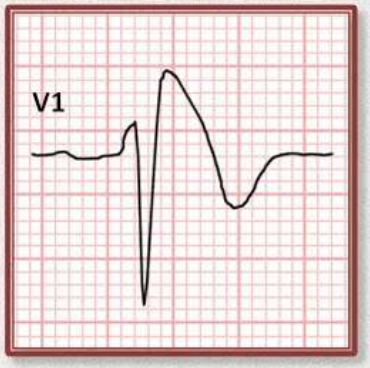
- **Brugada Syndrome**

Brugada Syndrome

EKG Characteristics

Patients with Brugada have a pseudo-RBBB and persistent ST elevations in V1-V2.

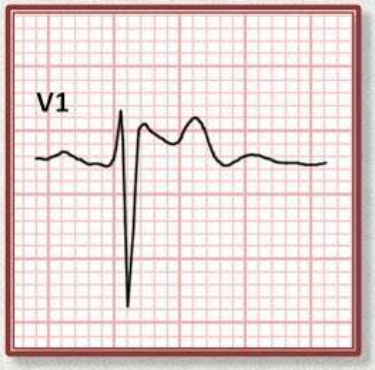


Type 1

ST elevations ≥ 2mm

Downsloping ST segment

Inverted T wave



Type 2

ST elevations ≥ 2mm

"Saddle back" ST-T wave configuration

Upright or biphasic T wave

▪ Congenital disorder associated with characteristic QRS and ST changes involving the right precordial leads (V1–V3). Patients can present with syncope and/or sudden cardiac death or may be asymptomatic.

- Type 1 Brugada pattern: Coved ST segment elevation of at least 2mm in 2 or more of leads V1-V3 followed by a negative T wave. This pattern is the only abnormality that is potentially diagnostic, and this constellation of ECG findings is commonly referred to as the Brugada sign.
- Type 2 Brugada pattern: at least 2mm of saddleback shaped ST elevation without the other abnormalities noted in Type 1 Brugada.

• The Brugada ECG pattern involves changes in the right precordial leads (V1–V3) with J point elevation that may, at first glance, resemble RBBB. A clue that Brugada pattern is present is the absence of a QRS morphology consistent with RBBB in other leads.

- A drug challenge with Class IA antiarrhythmics (procainamide) or IC antiarrhythmics (flecainide or propafenone), through their sodium channel blocking activity, can be used as a diagnostic maneuver to reveal the full type 1 Brugada pattern in patients with type 2 or equivocal findings at baseline. Rarely, cocaine or alcohol abuse or electrolyte abnormalities including hyperkalemia and hypercalcemia can reveal Brugada ECG findings in the right precordial leads.
- Generally, Type 1 Brugada is the only pattern that warrants formal diagnosis and placement of an ICD.