Title: Brugada Syndrome Case Report

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Abstract:

Research on BS was first published in 1992. The estimated prevalence of BS is approximately 0.05% worldwide, and Southeast Asians have the highest prevalence rate, at 0.12%. BS is responsible for 4% of all sudden deaths in patients with cardiac structural disease and up to 20% of sudden deaths in patients without cardiac disease. This syndrome is genetically determined and usually occurs in healthy, young males. In addition, autonomic nerve stimulation and drugs are contributory factors. Genetic testing in cases of BS has identified mutations in SCN5A gene that encodes the alpha subunit of the cardiac sodium channel, which causes abnormalities in the cardiac conduction system. Patients can present with symptoms that include syncope, palpitations, and nocturnal agonal respiration. Patients have a family history of SCD in members <45 years old. The electrocardiogram (ECG) presentations include right bundle branch block (RBBB), normal QT interval, and persistent ST segment elevation in precordial leads V1 to V2-V3. BS causes sudden arrest by inducing life-threatening ventricular tachycardia (VT) and ventricular fibrillation (VF).A healthy 32-year-old Vietnamese male who collapsed suddenly at home was brought to our emergency room, where the ECG showed ventricular fibrillation. Immediate cardiopulmonary resuscitation (CPR) and defibrillation were started. He regained spontaneous circulation 21 minutes later. The 12-lead ECG of the patient showed coved-type ST-segment elevation in leads V1.V2 and V3. We reviewed his family history; patient's father died of unknown causes at the age of 40,the diagnosis of BS was made. He received therapeutic hypothermia, and an ICD was implanted. The patient was discharged without neurological sequelae. For clinical nurse to understand the symptoms and typical ECG findings with BS and to initiate appropriate treatment without delay.

Image

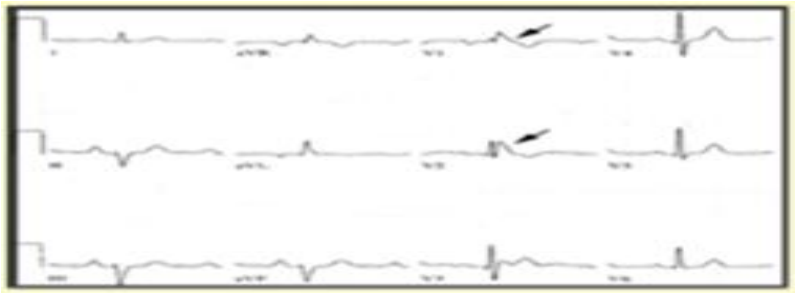


Figure1. RBBB on the V1 to V3 and persistent ST-segment elevation

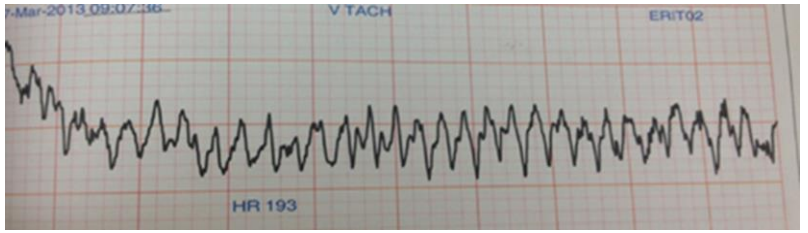


Figure2. ECG during CPCR

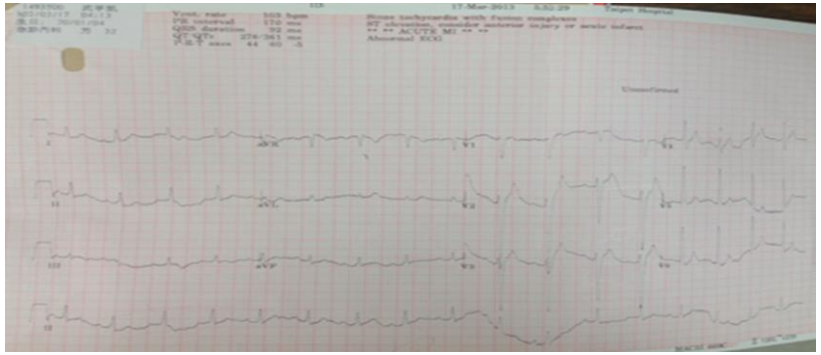


Figure3. ECG after resuscitation, ST-segment elevation in leads V1.V2 and V3



EDUCATIONAL BACKGROUND :
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