BRUGADA SYNDROME: A Case Report

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Abstract

Significance: Brugada Syndrome is prevalent in our country; however poor recognition of this disease entity masks the real magnitude of its incidence. Increasing our awareness is the key in its diagnosis before sudden cardiac death occurs among these patients.

Conclusion: Many patients with Brugada Syndrome are young and otherwise healthy and may present only with syncope. Patients with syncope should not be assumed to have a benign condition, and 12-lead ECG should be performed. The incidence of sudden death in this syndrome is very high and, at present, can only be prevented by implanting a cardioverter-defibrillator device. Increasing our awareness on this disease entity is necessary for its prompt recognition.

Introduction: Brugada Syndrome is a clinical entity characterized by ST segment elevation in right precordial leads (VI to V3), incomplete or complete right bundle branch block (Figure 5), and susceptibility to ventricular tachyarrhythmia and sudden cardiac death has been first described by Brugada et al. in 1992 (2). The prevalence of the Brugada syndrome is estimated at 1-5 per 10,000 inhabitants worldwide (2). The frequency is lower in western countries and higher (≥5 per 10,000) in southeast Asia, Brugada syndrome seems to be the most common cause of natural death in men younger than 50 years. It is known as, Bangungut in our country, Lai Tai in Thailand and Pokkuri in Japan (30). A cross-sectional nationwide survey performed in the Philippines in 2003 by Gervacio-Domingo et al. the prevalence of the Brugada type 1 (coved) ECG pattern in the general population was 0.2%(12). Syncope, typically occurring at rest or during sleep (in individuals in their third or fourth decades of life) is the most common presentation and in some cases, tachycardia.