Relationship between myotonic dystrophy type I and Brugada Syndome

Dr. Andrés R. Pérez Riera

We observe peculiar and many coincidences between both entities:

1) Both have autosomal dominant transmission;
2) Both are manifested predominantly initially in the productive time of life (between 20 and 30 years old)
3) Both present a higher incidence of atrial arrhythmias and paroxismal AF;
4) Both present a higher incidence of ventricular arrhythmias;
5) Both may present an extreme deviation of the electric axis of QRS in the frontal plane;
6) Both present a frequent prolongation of the PR interval;
7) Both have involvement of the intraventricular His system with prolongation of the HV interval in the Hiselectrogram;
8) Both present frequent complete RBBB patternin ECG;
9) Our case shows that both can present upwardly convex ST segment elevation from V1 to V2;
10) Both present high prevalence of late potentials in signal averaged ECG(Nalos 1987: Milner 1991; Masaki 2000);
11) Both are considered channel diseases(Milner 1991)
12) Both can affect chromosome 3 (Massaki 2000; Balser 1999)
13) Both may present E point in QRS loop in VCG, which does not coincide with 0 point **(Mahadevan1992)**;
14) Both present tendency to sudden cardiac death;
15) Both present enhanced risk of arrhythmias with anesthetics.

References

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