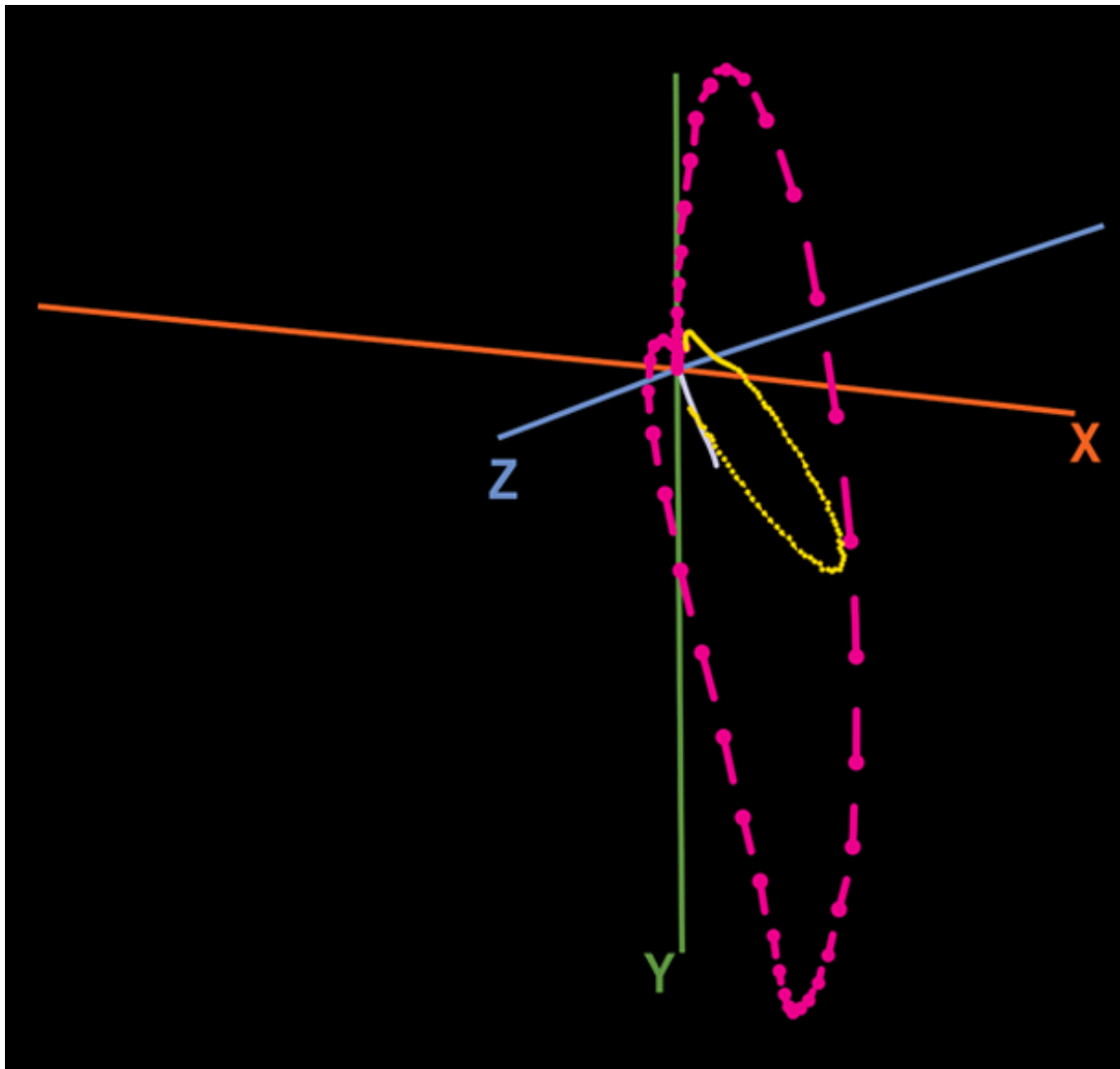


The Vectorcardiogram a Jesus-simile trajectory death and resurrection

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The VCG is almost as old as the ECG. As a diagnostic tool aroused much enthusiasm in the 50s and 60s. It even fueled controversy over which was the best tool, Electrocardiography or Vectorcardiography.

The method, however, was difficult to apply due to the excessive number of leads requiring expensive equipment, the registration form was precarious, and its realization required special positioning of the electrodes. Only a small elite could cope with these disadvantages.

These factors led the ECG to near abandonment and its practical clinical use disappeared in the 1970s, even though its didactic and scientific validity was always recognized.

Until the mid-1980s, it was believed that the vectorcardiogram presented a greater specificity, sensitivity and accuracy in comparison to the conventional electrocardiogram, in the diagnosis of the different heart diseases. Recent studies revealed that the vectorcardiogram still is superior to the electrocardiogram in very specific situations, such as in the evaluation of electrically inactive areas, in intraventricular conduction disorders combined

and/or in association to inactive areas, in the identification and location of ventricular preexcitation, in the differential diagnosis of patterns varying from normal of electrical axis deviation, in the evaluation of particular aspects of Brugada syndrome, and in the estimation of the severity of some enlargements, among others. From the 80's and 90's the situation began to change. The advent of digital technologies and their use in electrocardiology facilitated both the obtaining and visualization and recording of the ECG.

The result of this progress has allowed us to obtain the ECG at the same time as the classical electrocardiogram, without any additional work, and with the same electrodes. The preview and registration also received huge quality enhancements, arriving at colorful 3D images on computer screens. With the advent of computerized vectorcardiography, a technology that improves the processing and recording method; a future still promising is expected for this methodology. In the fields of education and research, vectorcardiography provided a better and more rational insight into the electrical phenomena that occurs spatially, and represented an important impact on the progress of

electrocardiography. Although a few medical centers still use the method as a routine, we hope that the use of this resource will not get lost over time, since vectorcardiography still represents a source to enrich science by enabling a better morphological interpretation of the electrical phenomena of the heart

More importantly, it has come to the recognition that the old dispute Electro x Veto not only makes no sense but, in fact, the methods are complementary, from the fact that they are only different approaches to the study of the same phenomenon, each one with important merits.

These are global findings and are very well described in the article:

M a n S , M a a n A C , S c h a l i j M J , S w e n n e C A . V e c t o r c a r d i o g r a p h i c d i a g n o s t i c a n d p r o g n o s t i c i n f o r m a t i o n d e r i v e d f r o m t h e 12 - l e a d e l e c t r o c a r d i o g r a m : H i s t o r i c a l r e v i e w a n d c l i n i c a l p e r s p e c t i v e J E l e c t r o c a r d i o l . 2015 Jul-Aug; 48 (4): 463-75.

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In Brazil, INCOR, the traditional and most important knowledge center of Electrocardiology, has put its solid knowledge on this new vision - the ElectrovectorCardiography - in the form of courses and lectures.

In addition Andrés Ricardo Pérez-Riera, Raimundo Barbosa Barros and Adrian Baranchuk have disseminated the method through numerous manuscripts in pubmed indexed journals <https://ekgvcg.wordpress.com> books, and lectures around the world such as China, USA, Canada, Japan, Cuba, Colombia, Mexico, Uruguay, Paraguay, Bolivia, and Nederland's.

The Brugada Syndrome: From Bench to Bedside

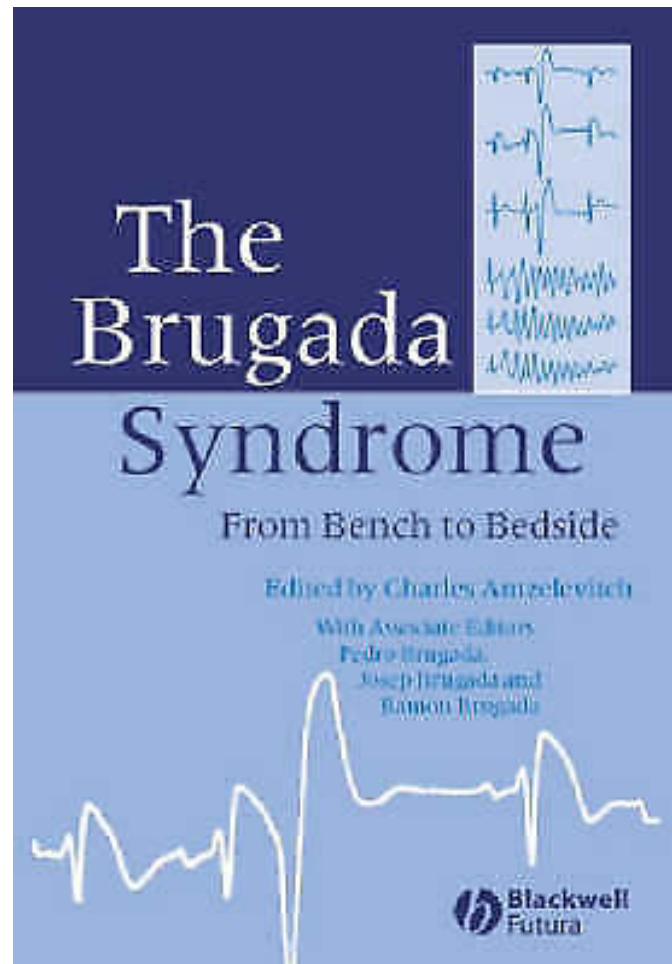
**Value of 12 Lead Electrocardiogram and Derived
Methodologies in the Diagnosis of Brugada Disease A. R.**

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Left Septal Fascicular Block

Characterization,
Differential Diagnosis and
Clinical Significance

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