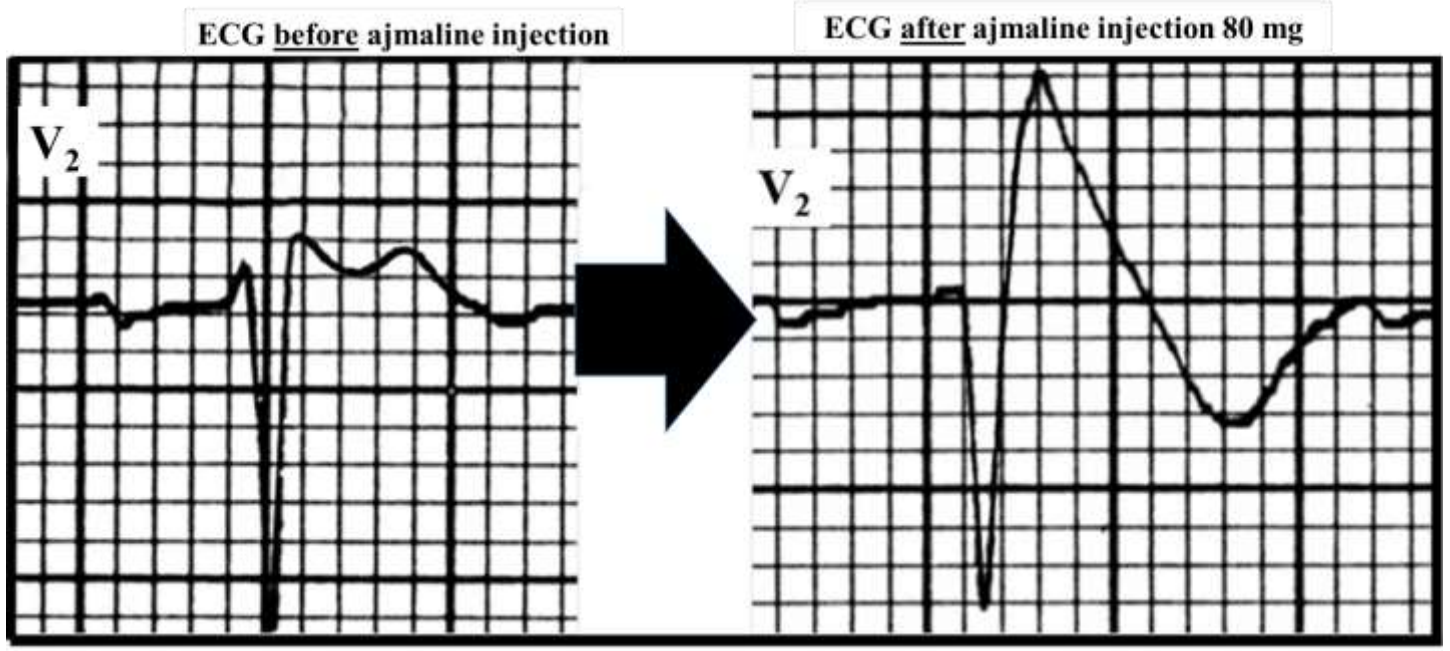
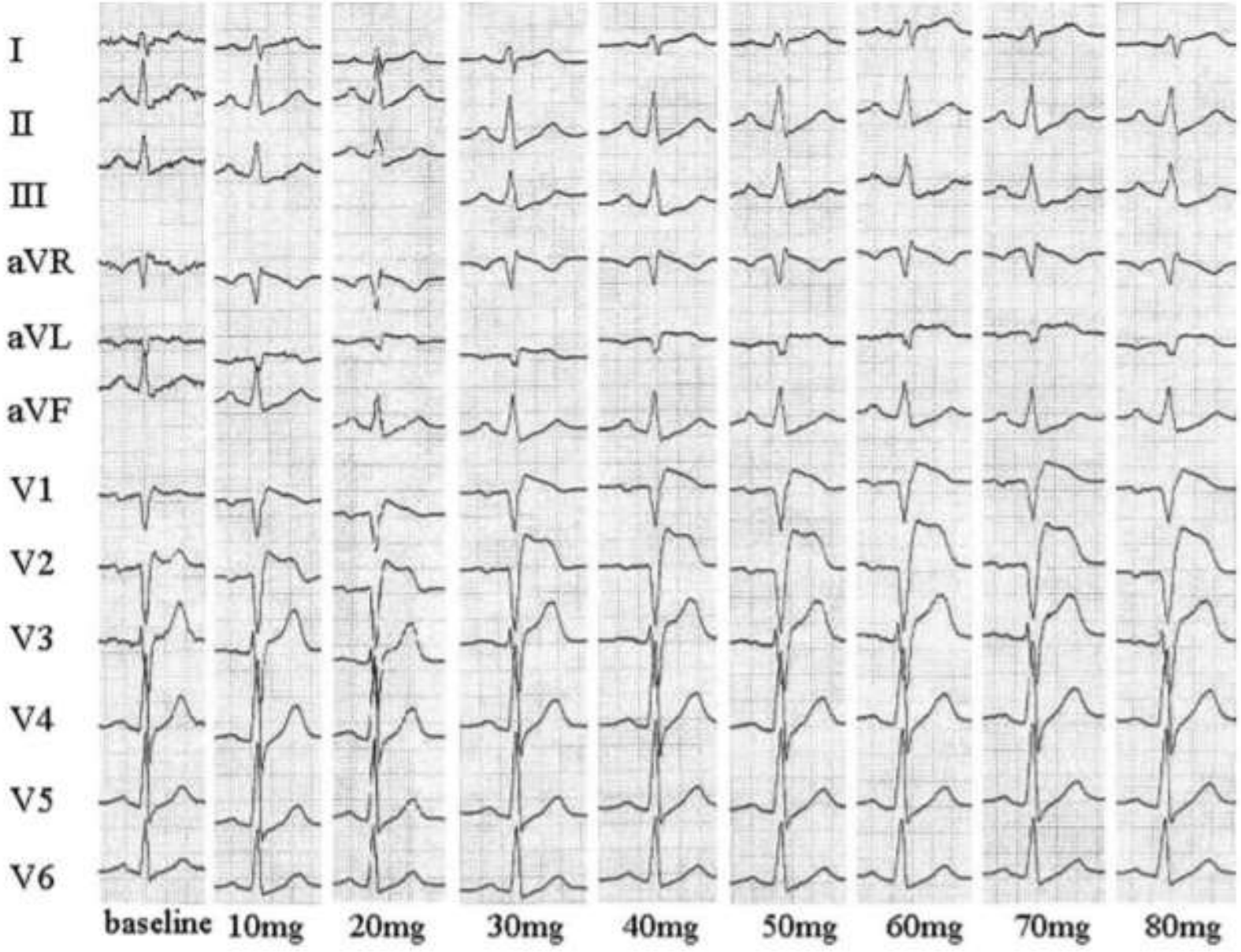
Estimado Pedro,

A pesar que tenemos pocos datos, o paciente tiene um familiar joven que tuvo muerte súbita. Por otra parte el ECG que muestras en V2 sugiere el patrón Brugada tipo 2 (repolarización tipo de silla de montar). Consecuentemente concuerdo con Oscar que deberías repetir el ECG con las precordiales derechas altas, a seguir muestro figuras que fundamentan esto.



Lo ideal que en ambiente hospitalario realices preferencialmente la prueba de ajmalina, siempre con el cuidado de soporte para emergencia de parada cardiaca. Si el test resulta positivo ocurrirá lo que vemos a seguir.

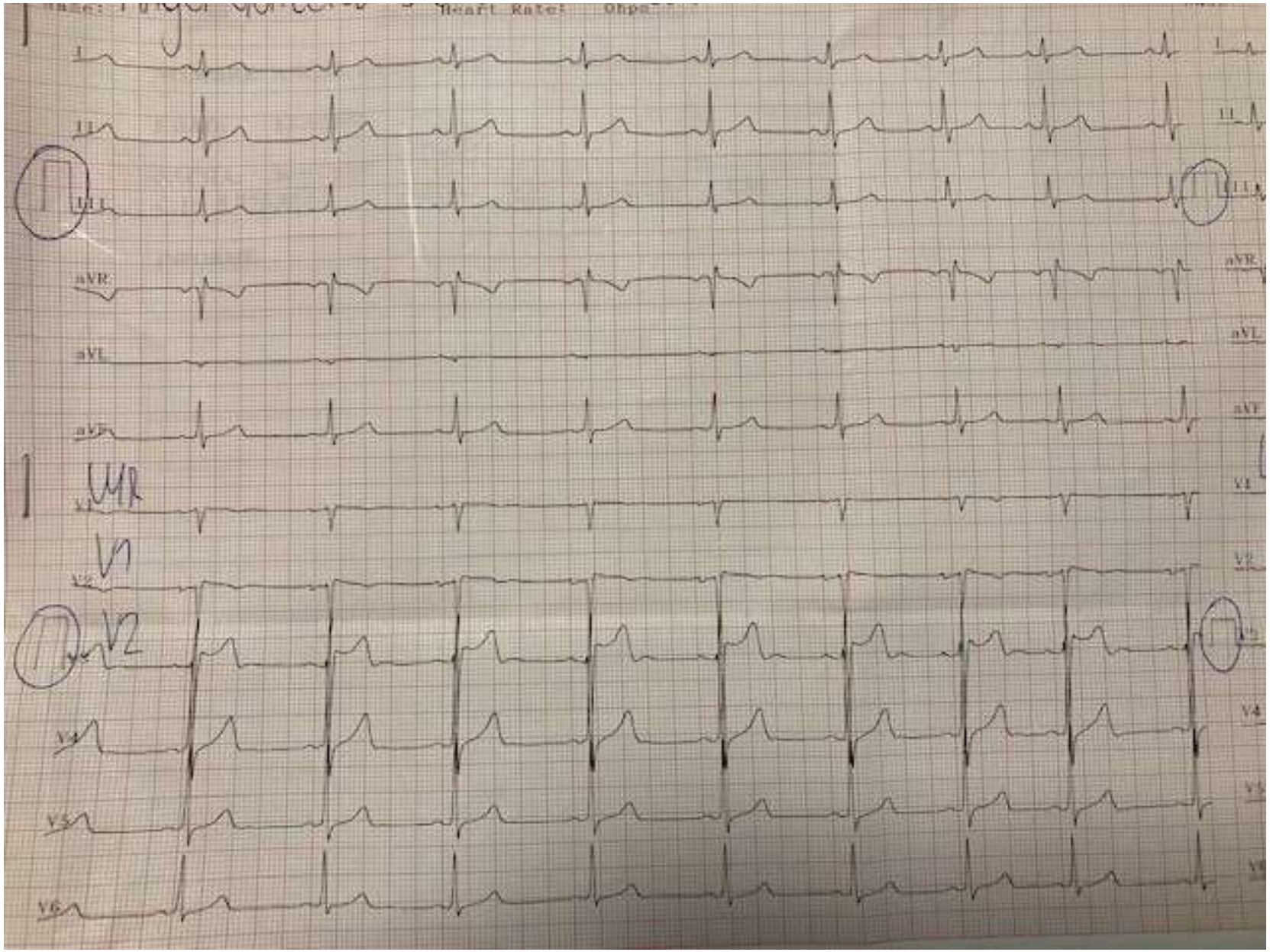


12-lead surface ECG shows the right precordial ECG changes during the fractionated application of ajmaline in a patient with Brugada syndrome. A type 2 Brugada pattern “saddle-type” ECG at baseline dynamically changes into the typical type 1, “coved-type” or Brugada sign. Note that the drug challenge could have been stopped after 20–30 mg of ajmaline without loss of diagnostic power to reduce the potential risk of VT.

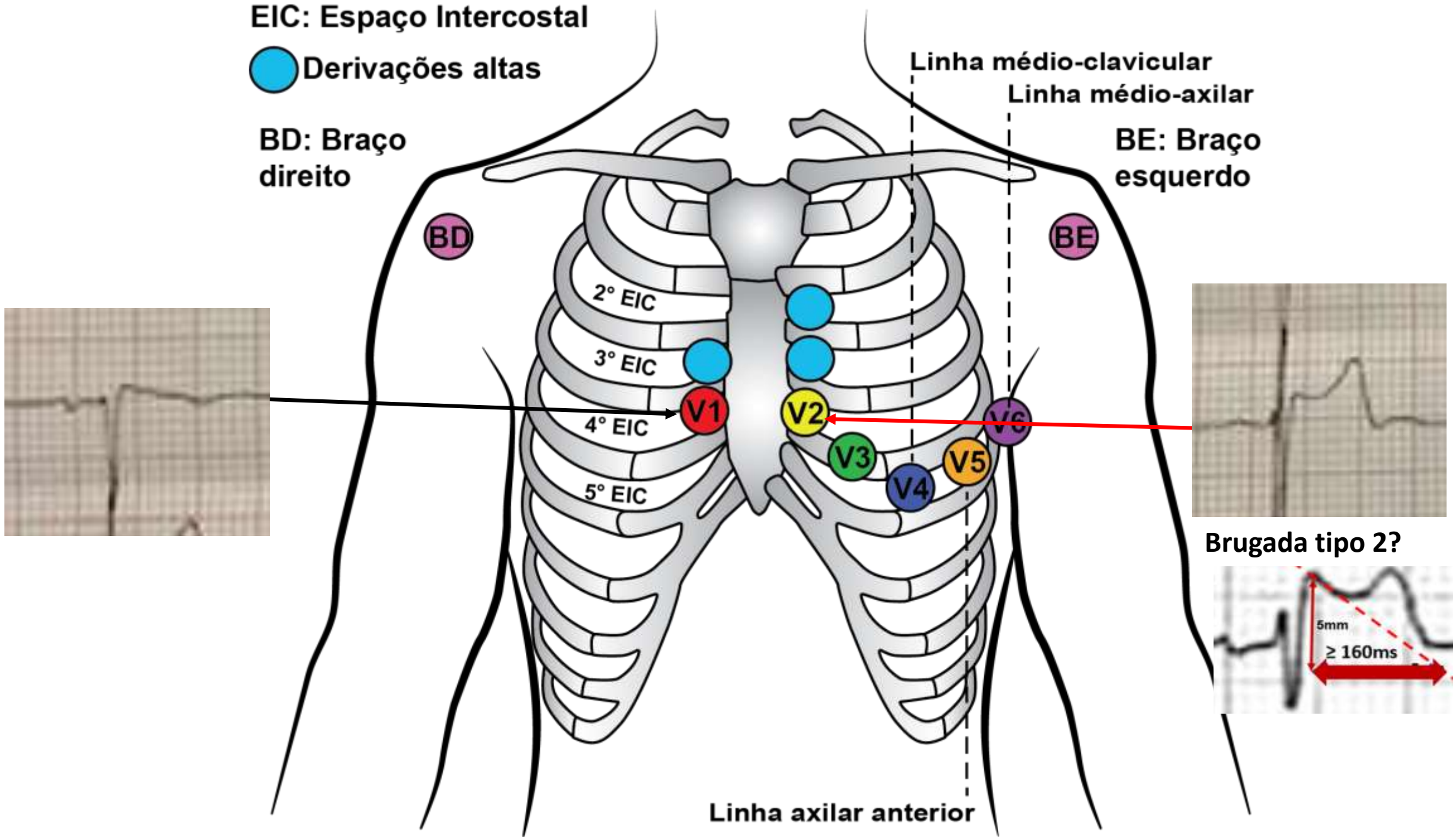
Ajmaline test — suggested standardized protocol (1)	
Indication	Aborted SCD in patients without apparent structural heart disease. Syncope of unknown origin in patients without structural heart disease. Polymorphic VT in patients without structural heart disease. Family history of BrS, SCD and/or recurrent syncope of unknown origin. Suspicious ECG (saddle-back ST-segment elevation.
Environment	Patient in fasting, resting and drug-free state. Presence of physician with experience in intensive-care medicine. Advanced cardiopulmonary life-support facilities available including external defibrillator, intubation set and drugs (atropine, isoproterenole). Safe venous access. 12 lead standard ECG. Blood pressure monitoring.
Performance	Fractionated IV ajmaline application (10 mg every 2 min) up to target dose of 1 mg/kg. Continuous ECG documentation at paper speed of 10 mm/s (one strip at 50 mm/s every 2 min). Patient and ECG supervision until normalization of ECG
Termination criteria	Reached target ajmaline dose. Occurrence of J-point elevation or ST-segment elevation ≥2 mm in at least one right precordial lead. Occurrence of premature ventricular contractions, VT, sinus arrest or AV-block (Type II or III). QRS prolongation >30%.

1. Rolf S, Bruns HJ, Wichter T, Kirchhof P, Ribbing M, Wasmer K, Paul M, Breithardt G, Haverkamp W, Eckardt L. The ajmaline challenge in Brugada syndrome: diagnostic impact, safety, and recommended protocol. Eur Heart J. 2003 Jun;24(12):1104-12.

ECG del presente caso

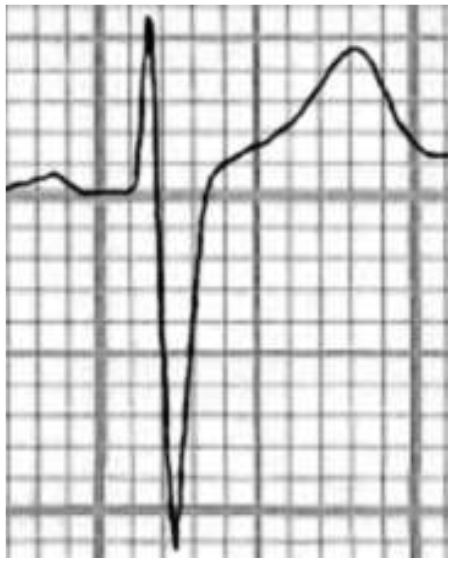


Colocação dos eletrodos precordiais

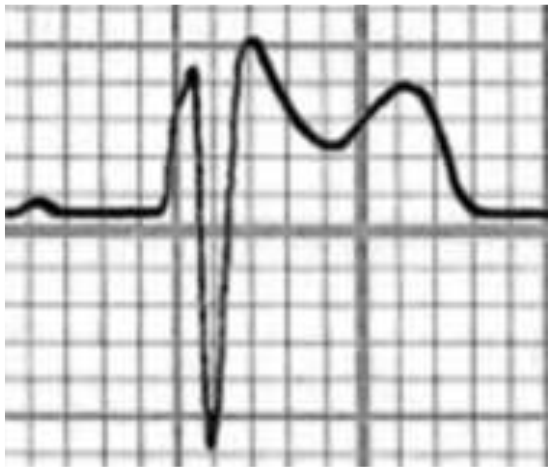


Brugada tipo 2?

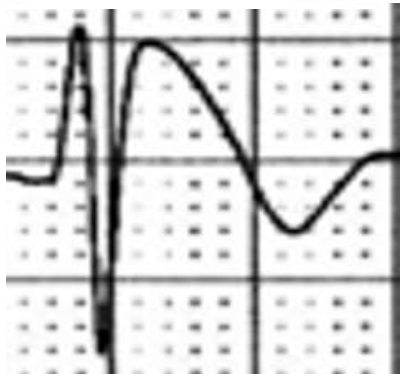
Normal

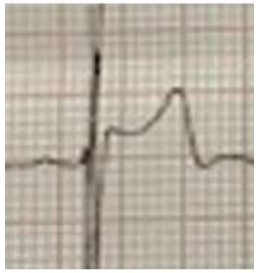


Type 2 Brugada pattern or saddleback



Type 1 Brugada pattern or coved type

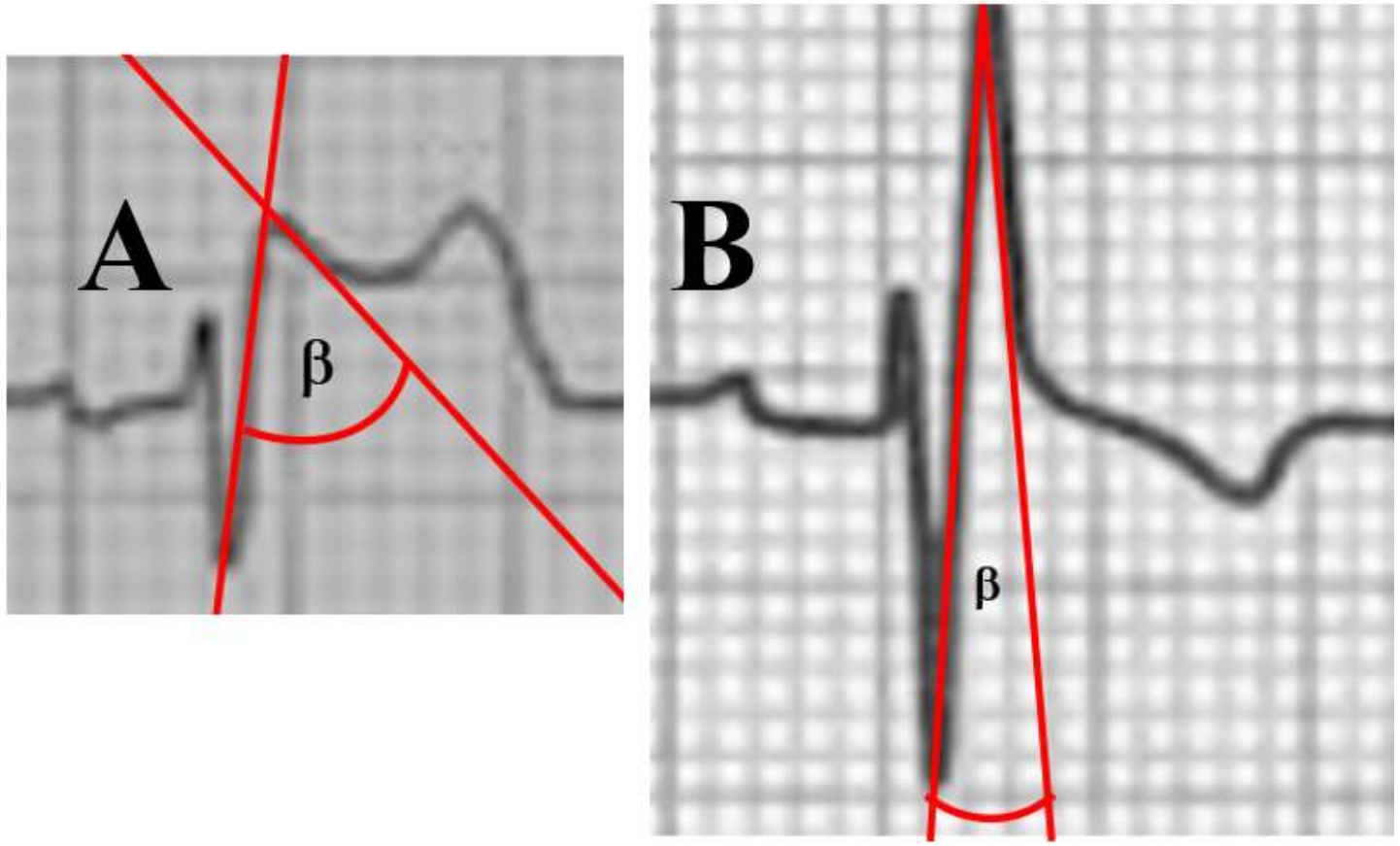




Brugada tipo 2?

Pedro case: Type 2 Brugada pattern?

Type 2 Brugada pattern versus ordinary RBBB



A: Typical type 2 Brugada pattern in the precordial lead V2. Note the ST segment with saddle appearance. The angle formed by the ascending and descending ramp of the final R 'wave is broad (“high take-off”) with blunt contours and angle β wider : ≥36°

B: Typical right bundle branch block pattern in the precordial lead V2, Note at the R´ final wave of acute (“high take-off”) and narrow βangle ≤12 ° formed by the ascending and descending ramps of R´ final wave.