An Unusual Cause of ST Elevations in a Young Man

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Figure 1. Presentation ECG of the patient with ST elevations in leads V1–V3, pseudo-right bundle branch pattern and a terminal S wave in the lateral leads.

A 24-year-old healthy young man presented with intermittent chest pain and palpitations for three days and an episode of syncope on the day of presentation. He had similar episodes of palpitations and near syncope during the past few months. He had no family history of cardiac diseases and denied any history of substance abuse. His initial vital signs,

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physical exam and lab work were unremarkable. However, his presentation electrocardiogram (ECG) was significant for a pseudo-right bundle branch block pattern with ST elevations in the precordial leads (Fig. 1). A diagnosis of Type I Brugada syndrome (BS) was made based on his clinical presentation and ECG pattern. An implantable cardioverter defibrillator (ICD) was implanted for primary prevention of sudden cardiac death (SCD).

Clinical spectrum of BS ranges from asymptomatic to SCD. Symptoms such as syncope are usually related to ventricular arrhythmias. BS is responsible for up to 4–12 % of all SCD worldwide, and is more common in young adults and in men.¹ Symptomatic patients with BS (history

of VT/VF or syncope) have a class I indication for ICD implantation to prevent SCD.¹ Genetic testing and ECG screening of family members are also recommended for management of this disease.

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REFERENCE

1. Antzelevitch C, Brugada P, Borggrefe M, Brugada J, Brugada R, Corrado D, et al. Brugada Syndrome: Report of the Second Consensus Conference: Endorsed by the Heart Rhythm Society and the European Heart Rhythm Association. *Circulation*. 2005;111:659–70.