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Brugada-like Electrocardiographic Pattern Due to Hyperkalemia

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Figure 1. Serial electrocardiogram during the treatment of hyperkalemia. Coved and saddle-back type ST-segment elevations were found in leads V2 and V3, respectively (arrows).

An 89-year-old man, who had been treated for pancreatitis with nafamostat mesilate, was referred to our hospital due to hyperkalemia (7.7 mmol/L). Electrocardiogram on admission showed junctional bradycardia. (Figure 1). Coved and saddle-back type ST-segment elevations were found in leads V2 and V3, respectively. Four hours after the initiation of the treatment, serum potassium decreased to 7.0 mmol/L, and electrocardiogram showed resolution of ST-segment elevation and low amplitude of P wave. Five

hours later, serum potassium decreased to 5.4 mmol/L, and electrocardiogram showed normal amplitude of P wave. Clinicians should recognize that hyperkalemia is one of the etiologies of Brugada-like electrocardiographic pattern.¹

Reference

1. Antzelevitch C, Brugada P, Borggrefe M, Brugada J, Brugada R, et al. Brugada syndrome: report of the second consensus conference: endorsed by the Heart Rhythm Society and the European Heart Rhythm Association. *Circulation*. 2005;111:659–670.