

Image in cardiology

Interatrial Block in Brugada Syndrome



Bloqueo interauricular en el síndrome de Brugada

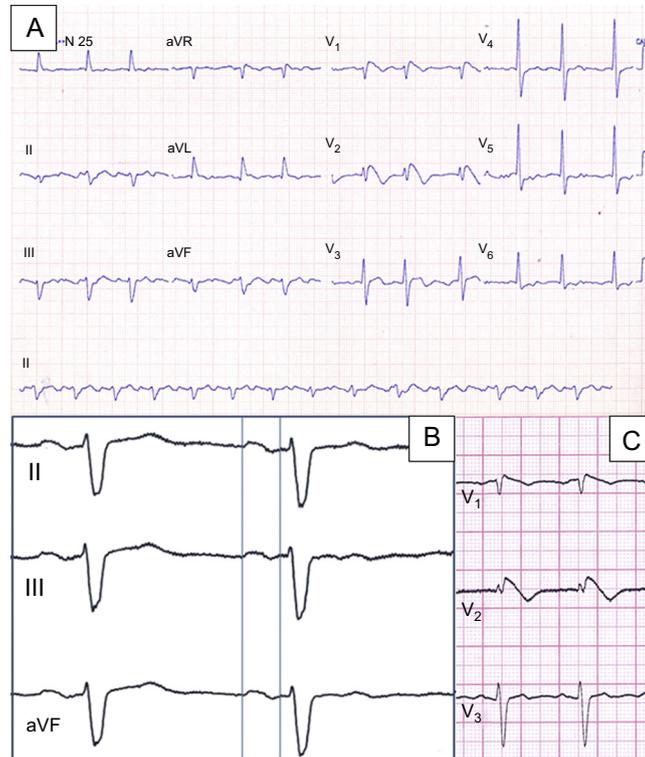
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Figure.

A 70-year-old man presented to our emergency department with palpitations and a syncopal episode. There was no history of drug abuse. Two younger brothers had died suddenly (no autopsies available). The patient had a heart rate of 105 bpm and blood pressure of 107/64 mmHg. Initial electrocardiography (Figure A) revealed atypical atrial flutter at a rate of 105 bpm and a type 1 Brugada electrocardiogram pattern (“coved”). Sinus rhythm was restored via cardioversion (100 J), with a P-wave duration of 145 ms and biphasic morphology in the inferior leads (Figure B) indicative of advanced interatrial block (IAB). Brugada electrocardiographic pattern continued to be seen in the precordial leads (Figure C).

Patients with Brugada syndrome and atrial fibrillation (AF) may represent a subgroup of patients at higher risk of developing life-threatening ventricular arrhythmias. The association of IAB and supraventricular arrhythmias, mostly AF and atypical atrial flutter, is known as Bayés’ syndrome. Its electrocardiographic hallmark is a P-wave duration longer than 120 ms with biphasic morphology in the inferior leads, indicating delayed conduction in the Bachmann region and caudocranial activation of the left atrium. A fibrotic process involving the Bachmann region may act as a substrate for AF.

Our patient underwent ablation of the atypical atrial flutter and pulmonary vein isolation. An implantable cardioverter-defibrillator was inserted; 8 months later, the device delivered appropriate therapy due to polymorphic ventricular tachycardia.

The association of Brugada syndrome and AF in the setting of advanced IAB is a clear indicator of the possible simultaneous occurrence of these 2 entities. We propose that their coexistence be named “Bayés-Brugada Syndrome”.

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