

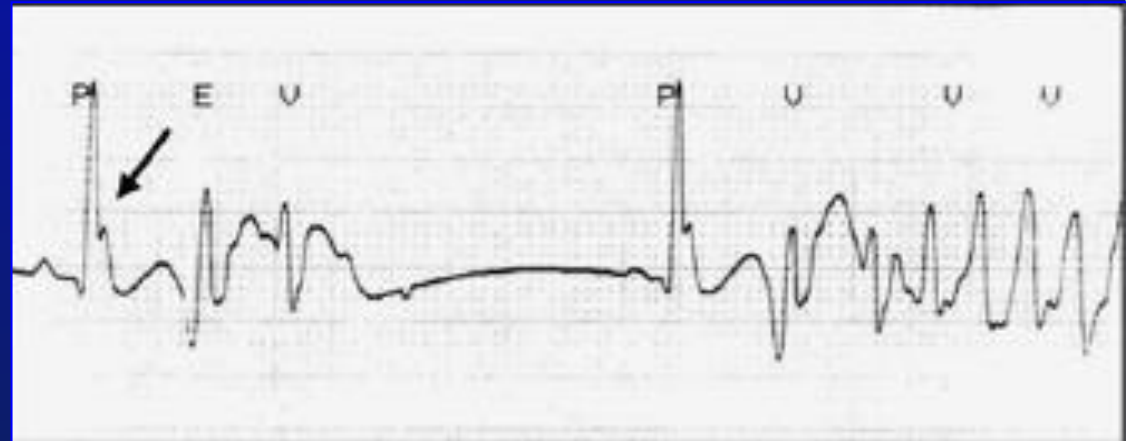
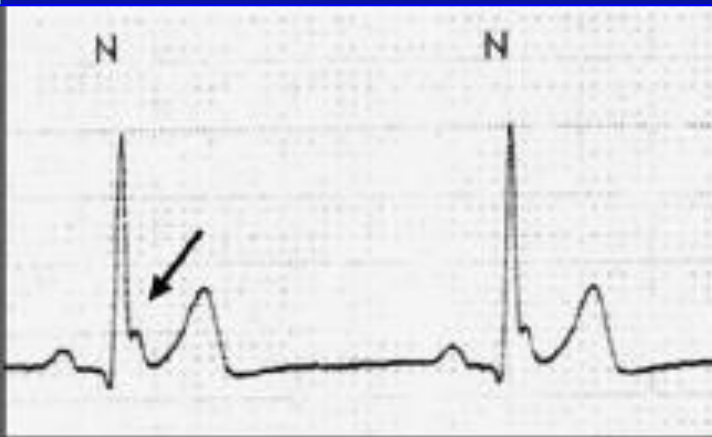
**ECG MARKERS OF SUDDEN CARDIAC
DEATH IN PATIENTS WITH
STRUCTURALLY NORMAL HEARTS -**

Sami Viskin, M.D.

Tel Aviv Medical Center, Israel.

2013.

ECG MARKERS OF INCREASED RISK IN EARLY REPOLARIZATION.



Gmail -

COMPOSE

Godaddy.com - \$2.95 Domains at Go Daddy - Limited time offer. Secure your domain name and get your business no

FW: J wave ECG

Moti Haim
to me

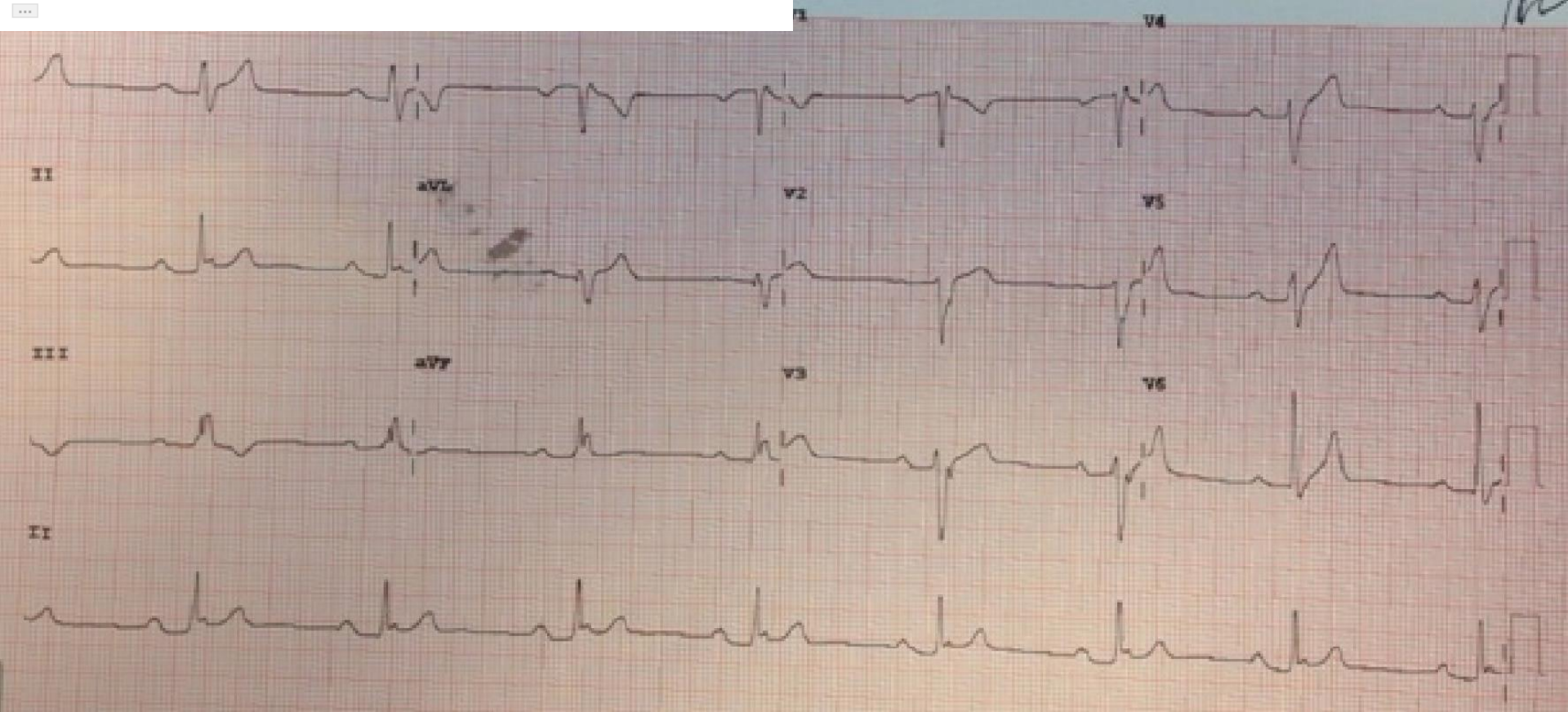
Sami an ECG and a question from a friend in the US? What would you do?

Case management question:

43 yo woman with history of paroxysmal AF, strange episode a couple years ago with chest pain, mildly elevated troponin, and clean cors on a cath. Patient is a runner, no history of syncope.

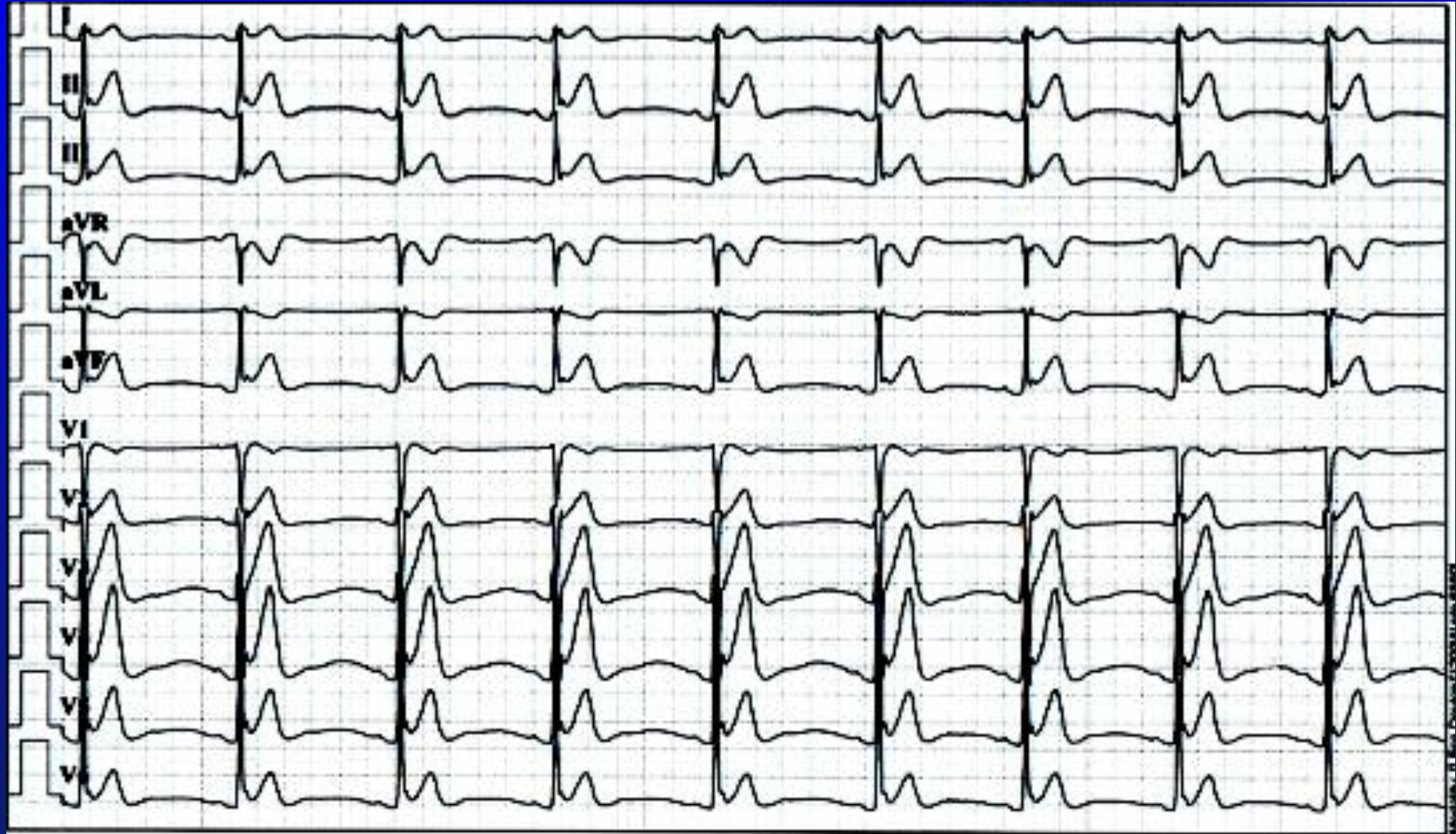
Brother has AFib and had cardiac arrest in 40's, has ICD.

What do you tell her? Straight to ICD? Call me if you have SCD?



J wave distribution

23 year old, perfectly healthy, man

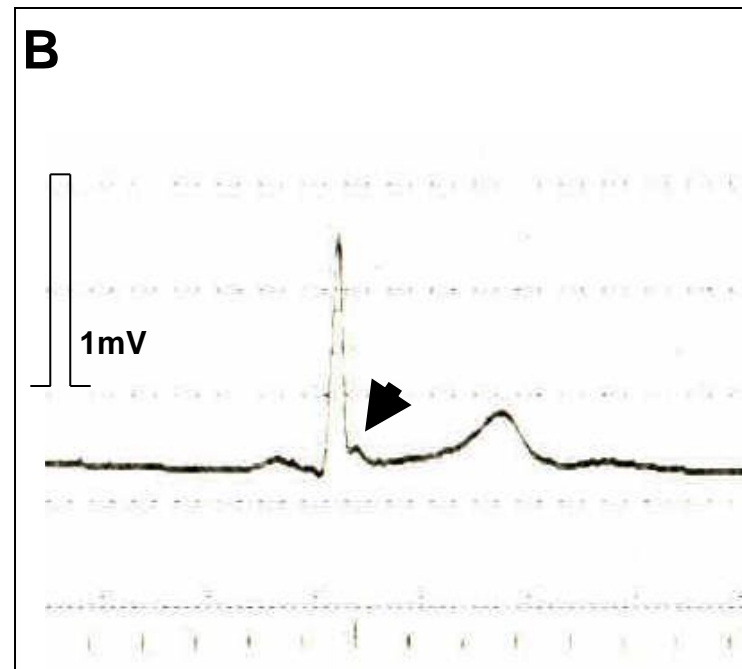
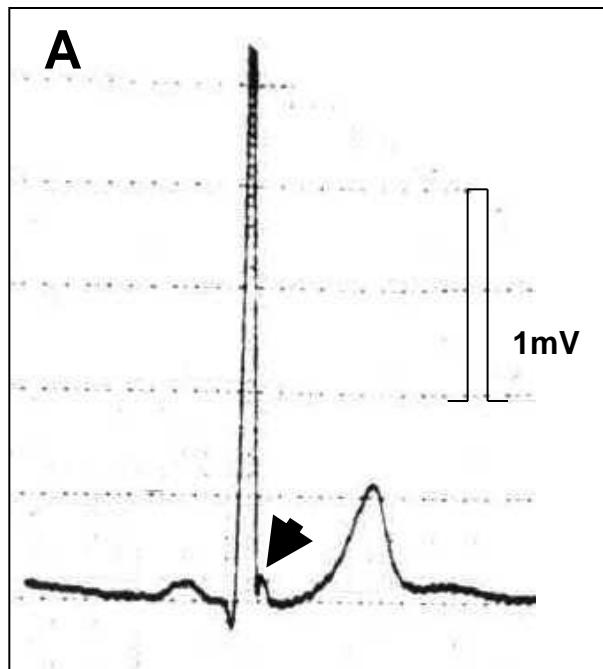


But his younger brother died in the shower

J-Point Elevation in Survivors of Primary Ventricular Fibrillation and Matched Control Subjects

Incidence and Clinical Significance

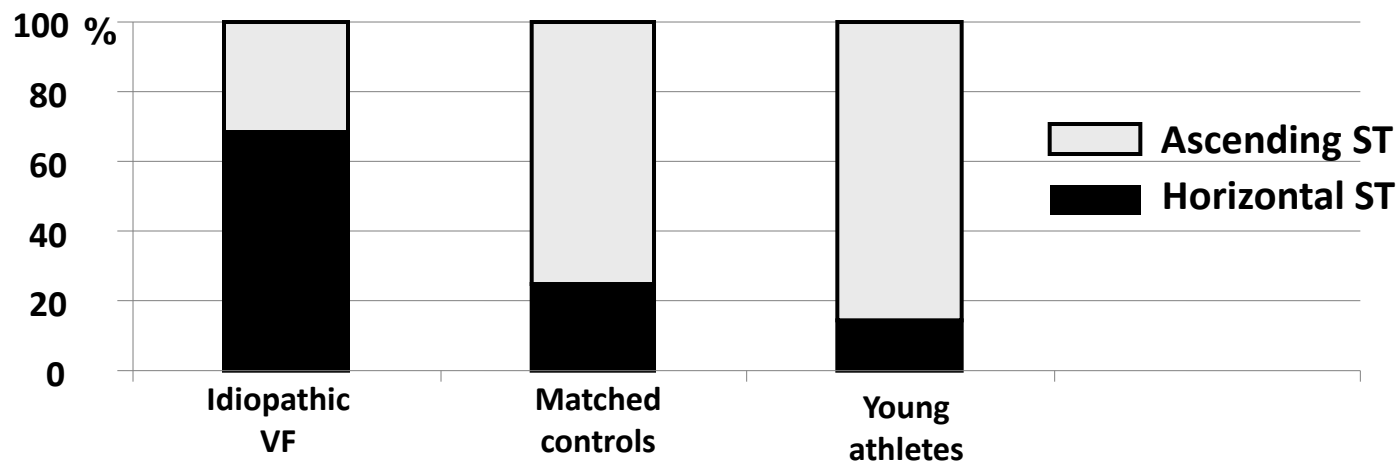
Distinguishing “benign” from “malignant early repolarization:”
The value of ST-segment morphology.



Rosso, (Viskin) *HeartRhythm* 2012

A

Distribution of ascending vs. horizontal ST elevation among patients with J-waves

Patients with J-point elevation or slurred-R-wave.**B**

Distribution of ascending vs. horizontal ST elevation among patients with J-waves

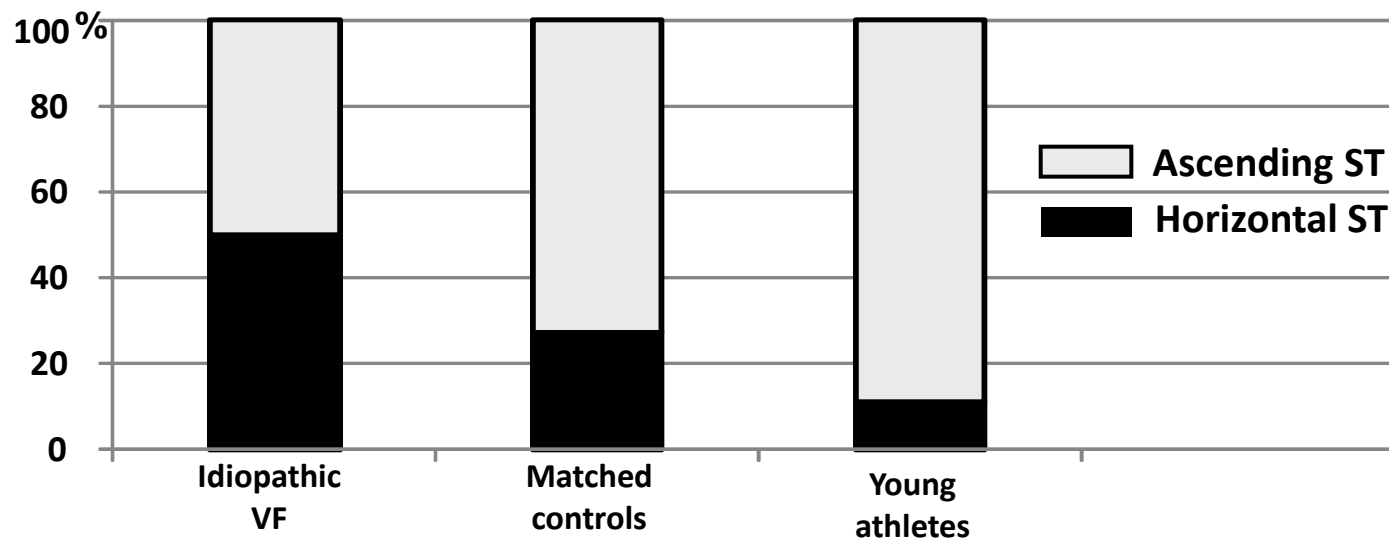
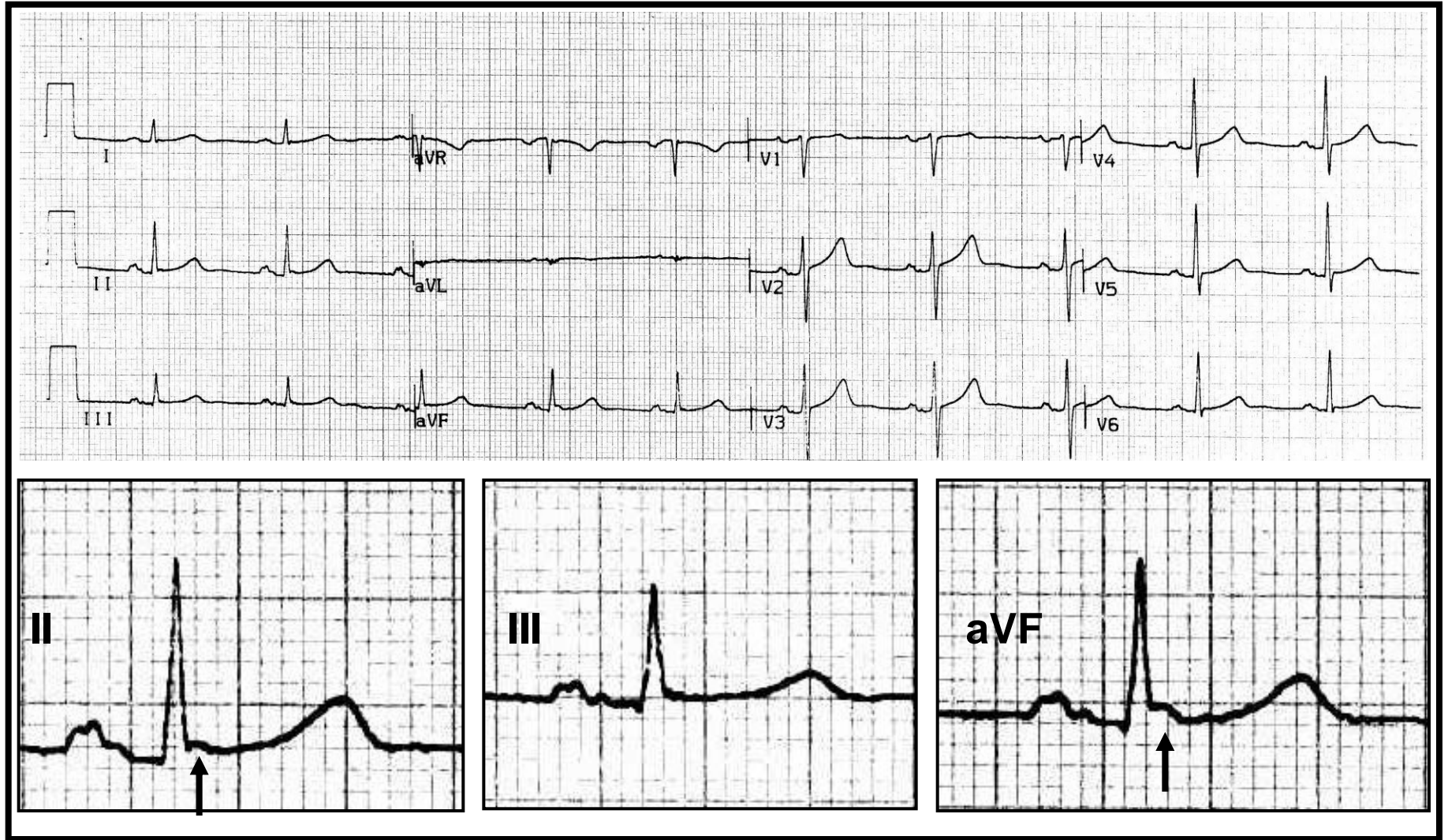
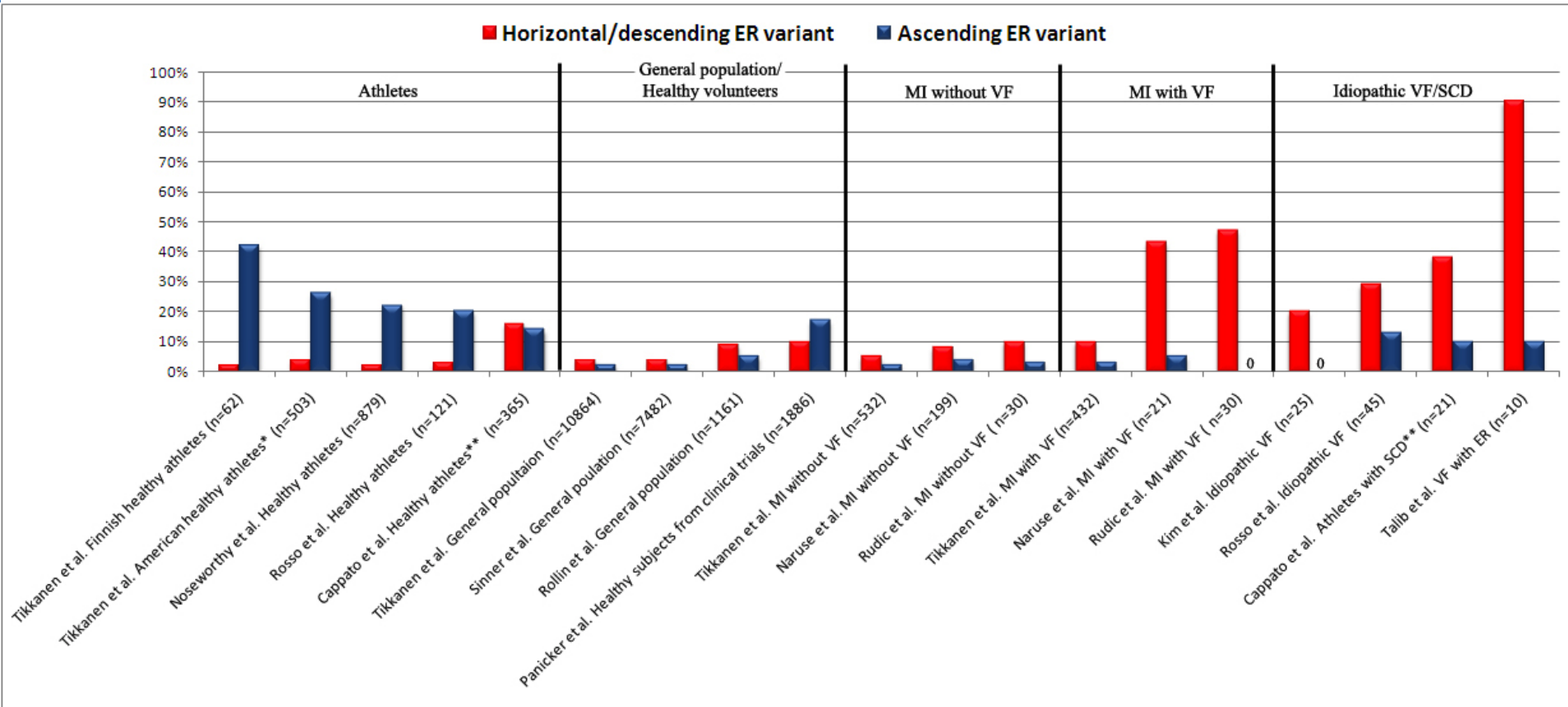
Patients with J-point elevation

Figure 2.



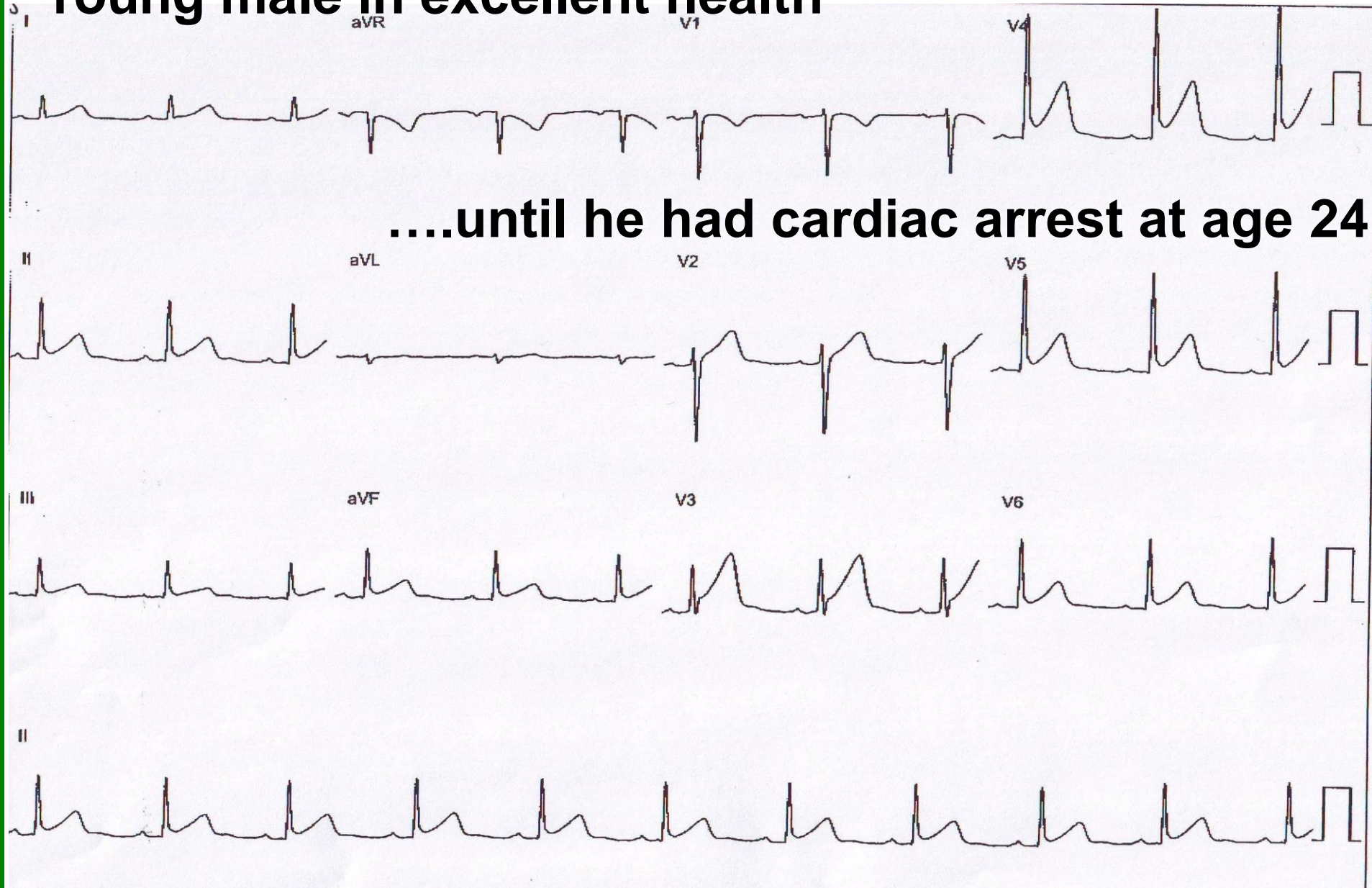
Rosso (Viskin), *HeartRhythm* 2011 (in press).

State of the art: What do we know about the malignant form early repolarization.



Young male in excellent health

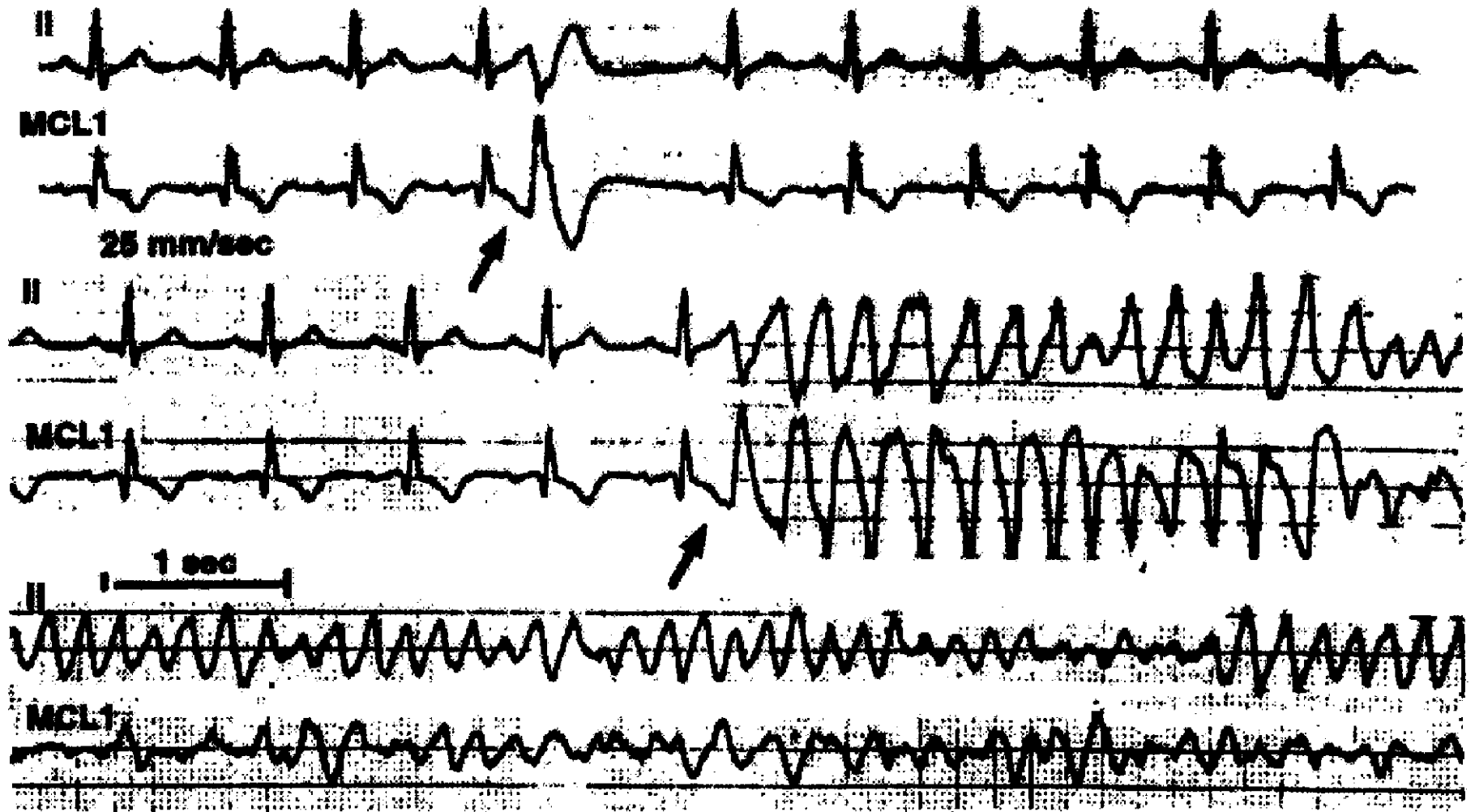
....until he had cardiac arrest at age 24



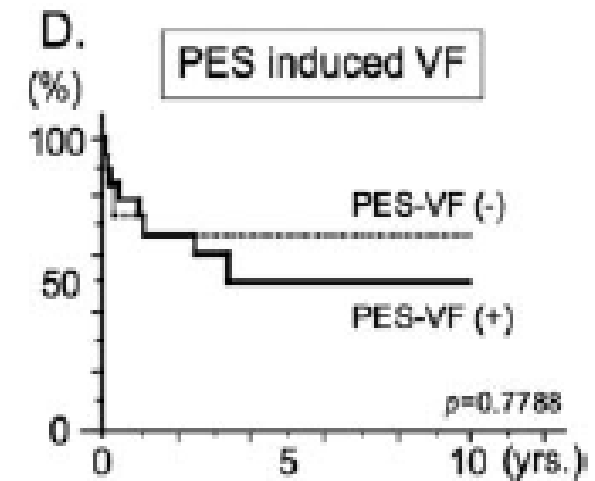
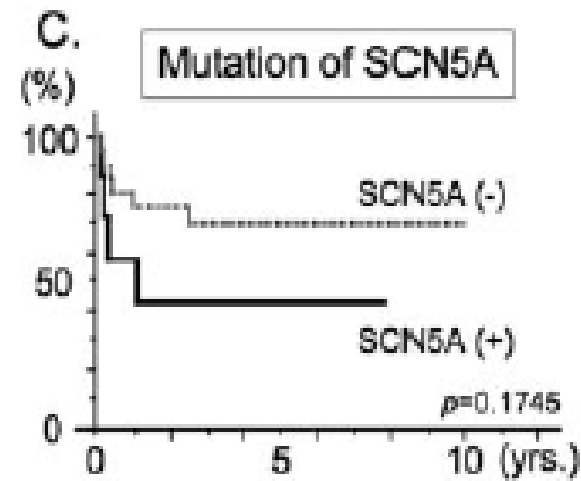
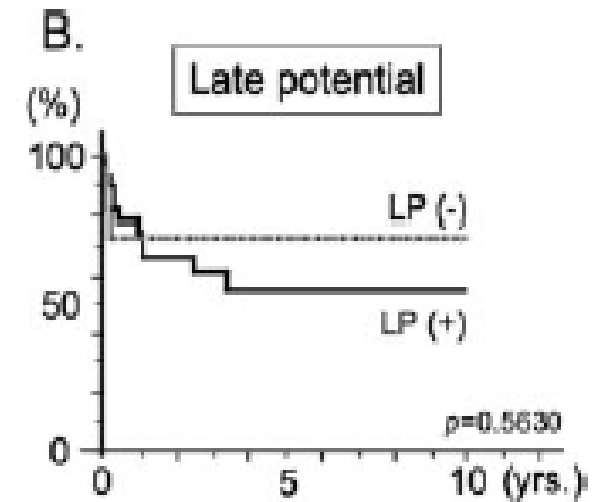
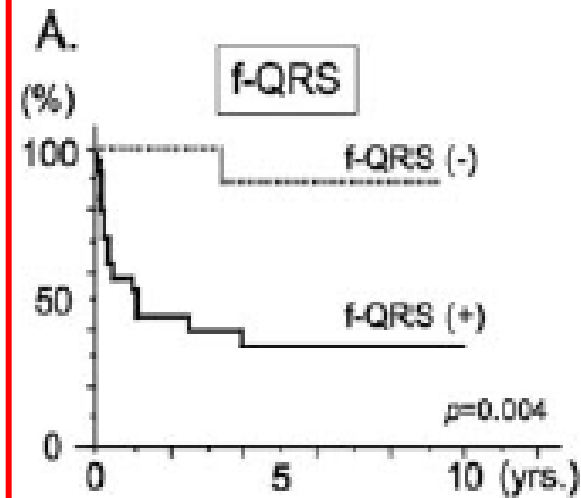
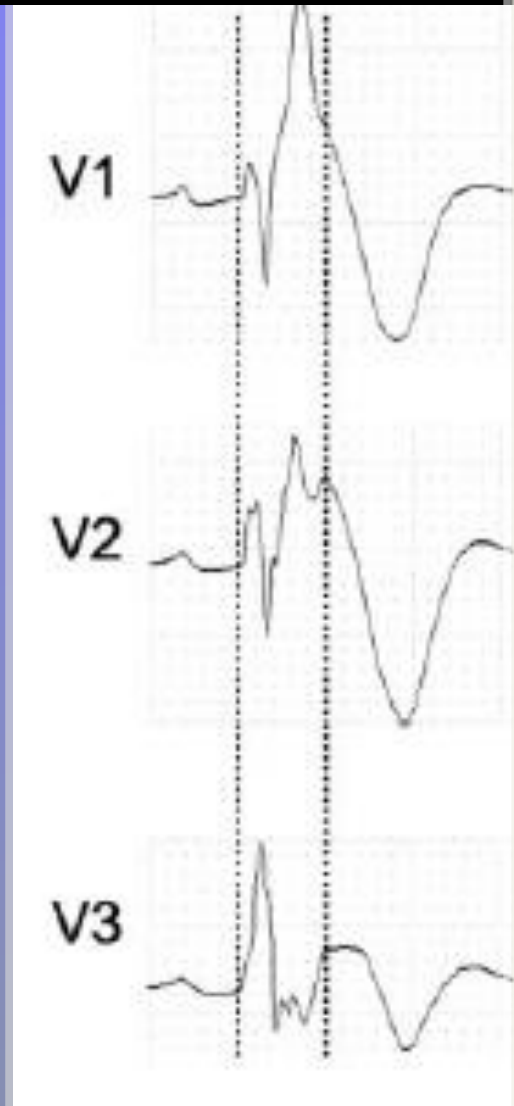
Slide stolen (with permission) from M. Haissaguerre.



**ECG MARKERS OF
INCREASED RISK IN
BRUGADA SYNDROME**



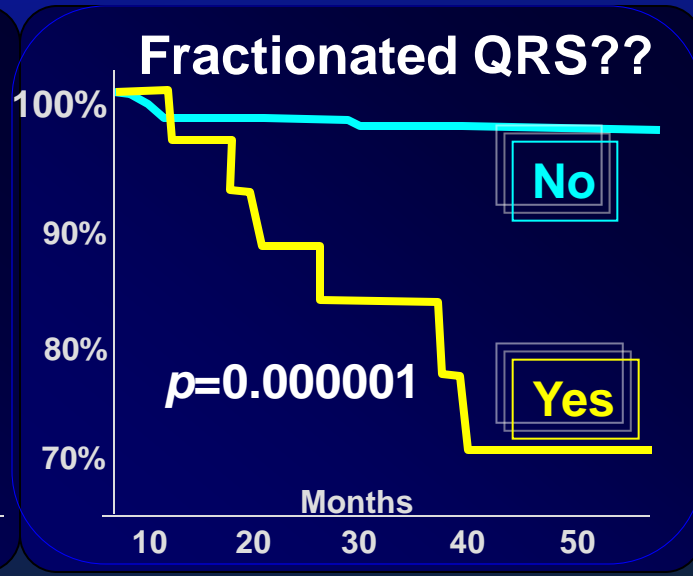
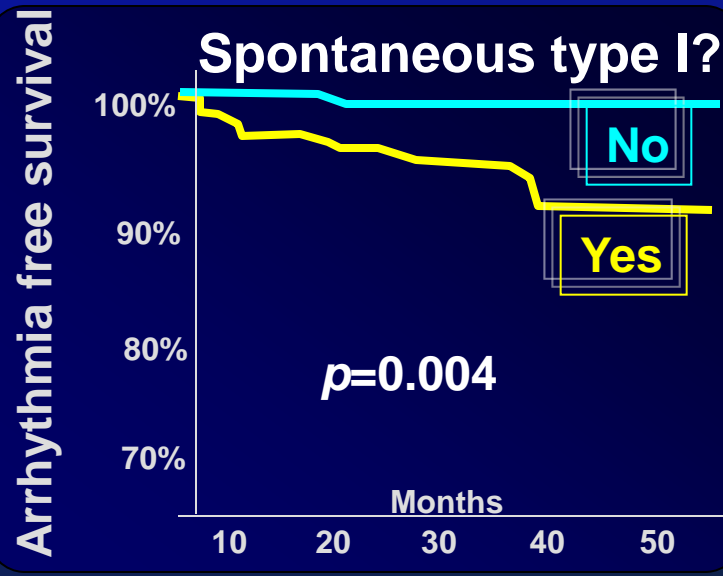
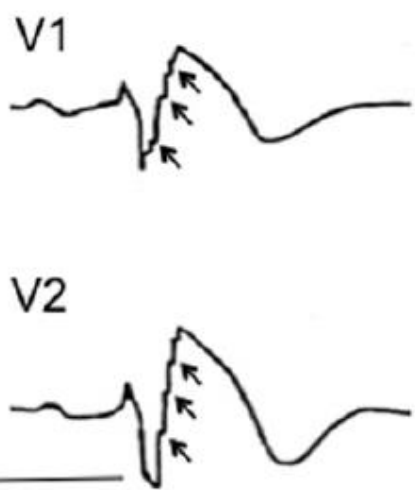
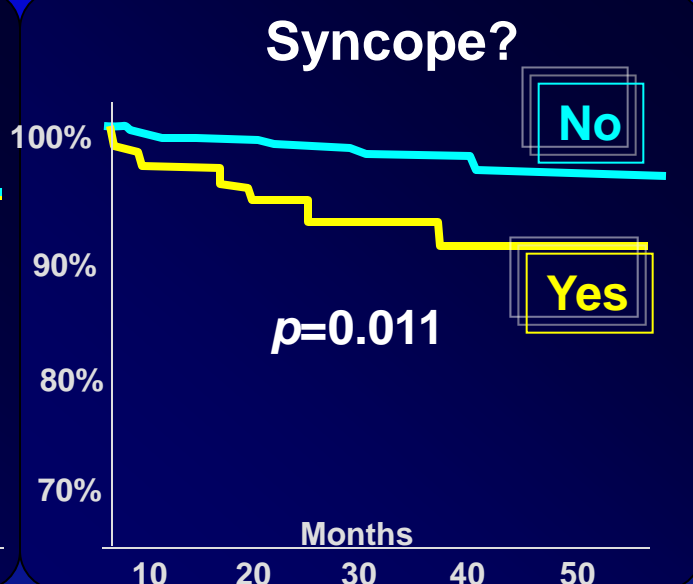
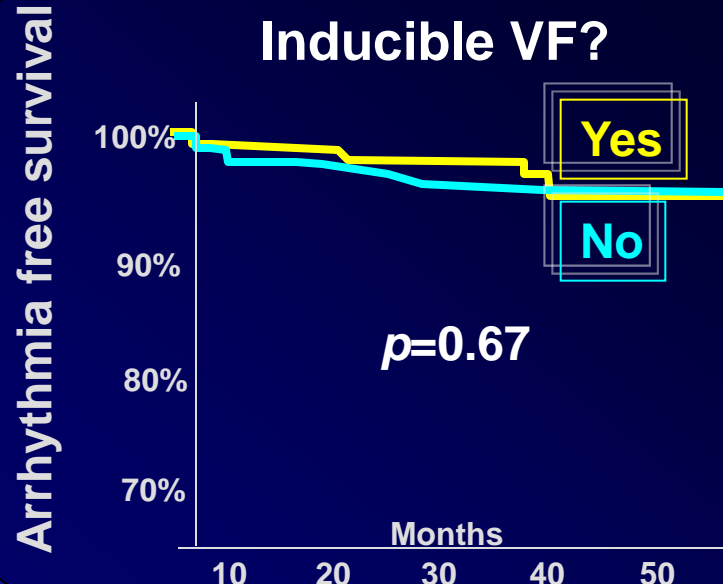
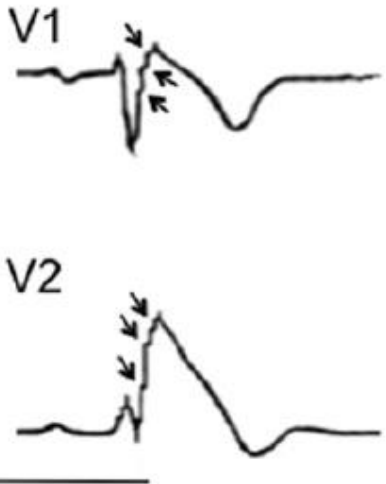
Fragmentation of the QRS complex in Brugada syndrome



Risk stratification of Brugada syndrome:

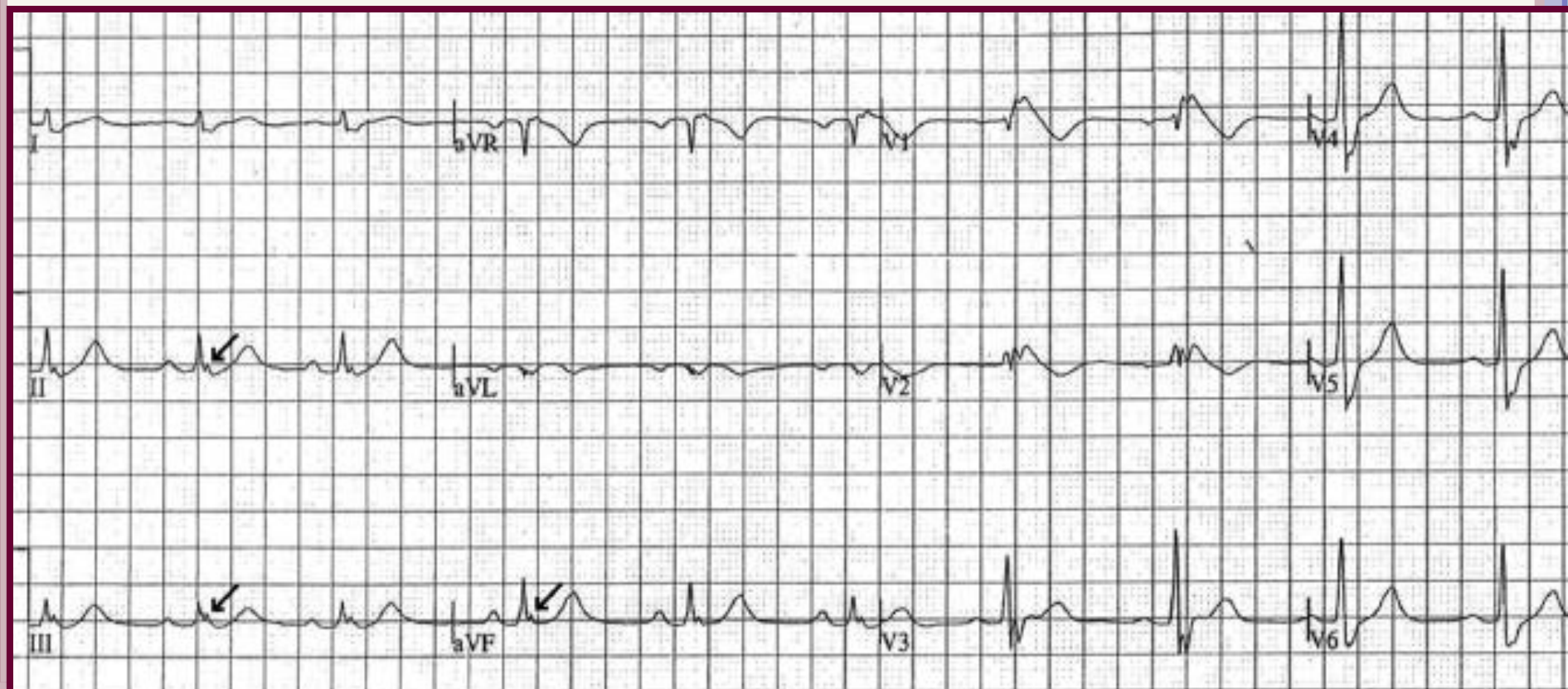
The PRELUDE study (Priori, JACC 2012)

f-QRS



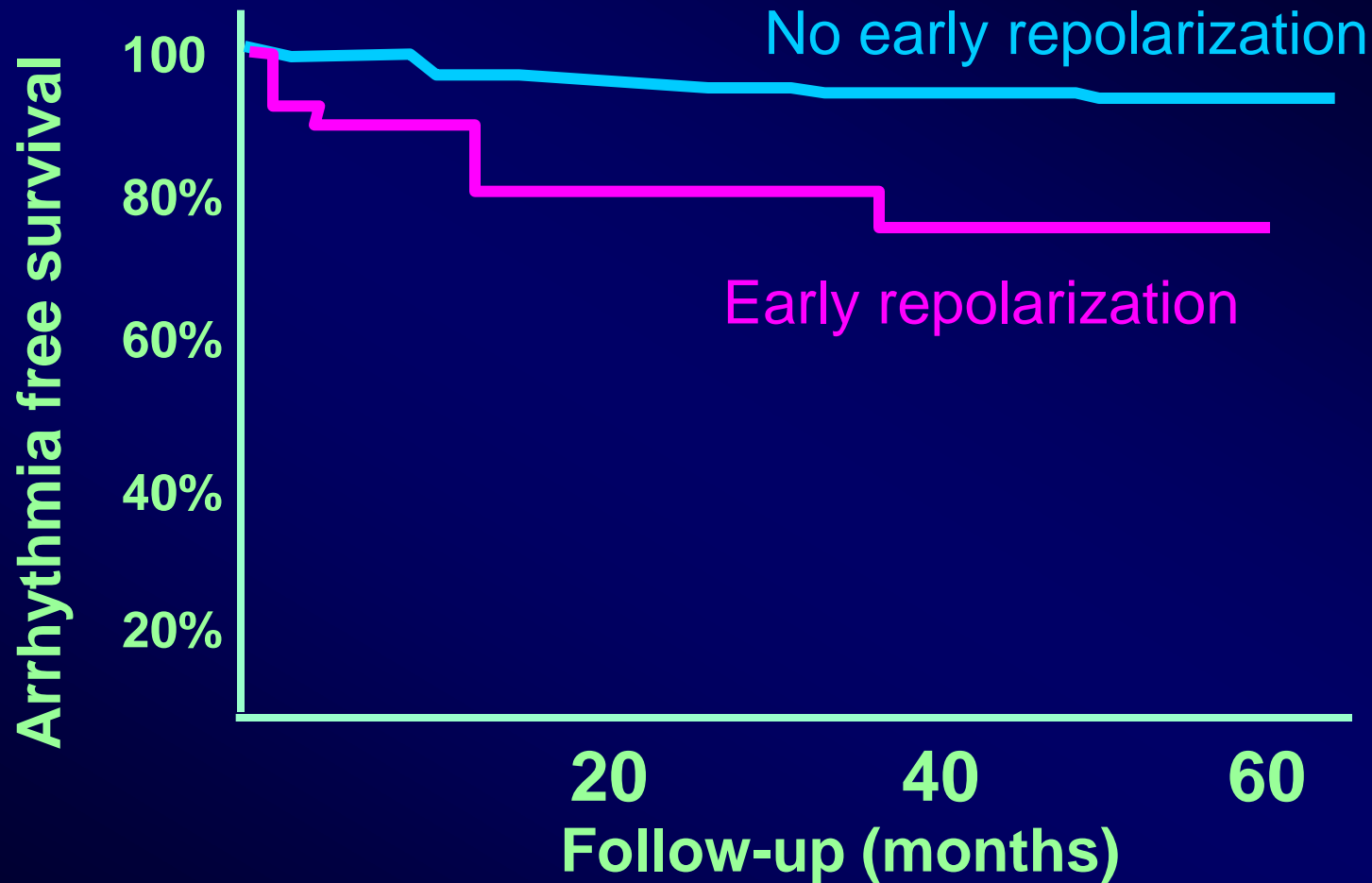
Inferior and Lateral Electrocardiographic Repolarization Abnormalities in Brugada Syndrome

Andrea Sarkozy, MD; Gian-Battista Chierchia, MD; Gaetano Paparella, MD; Tim Boussy, MD; Carlo De Asmundis, MD; Marcus Roos, MD; Stefan Henkens, RN; Leonard Kaufman, PhD; Ronald Buyl, MSc; Ramon Brugada, MD, PhD; Josep Brugada, MD, PhD; Pedro Brugada, MD, PhD

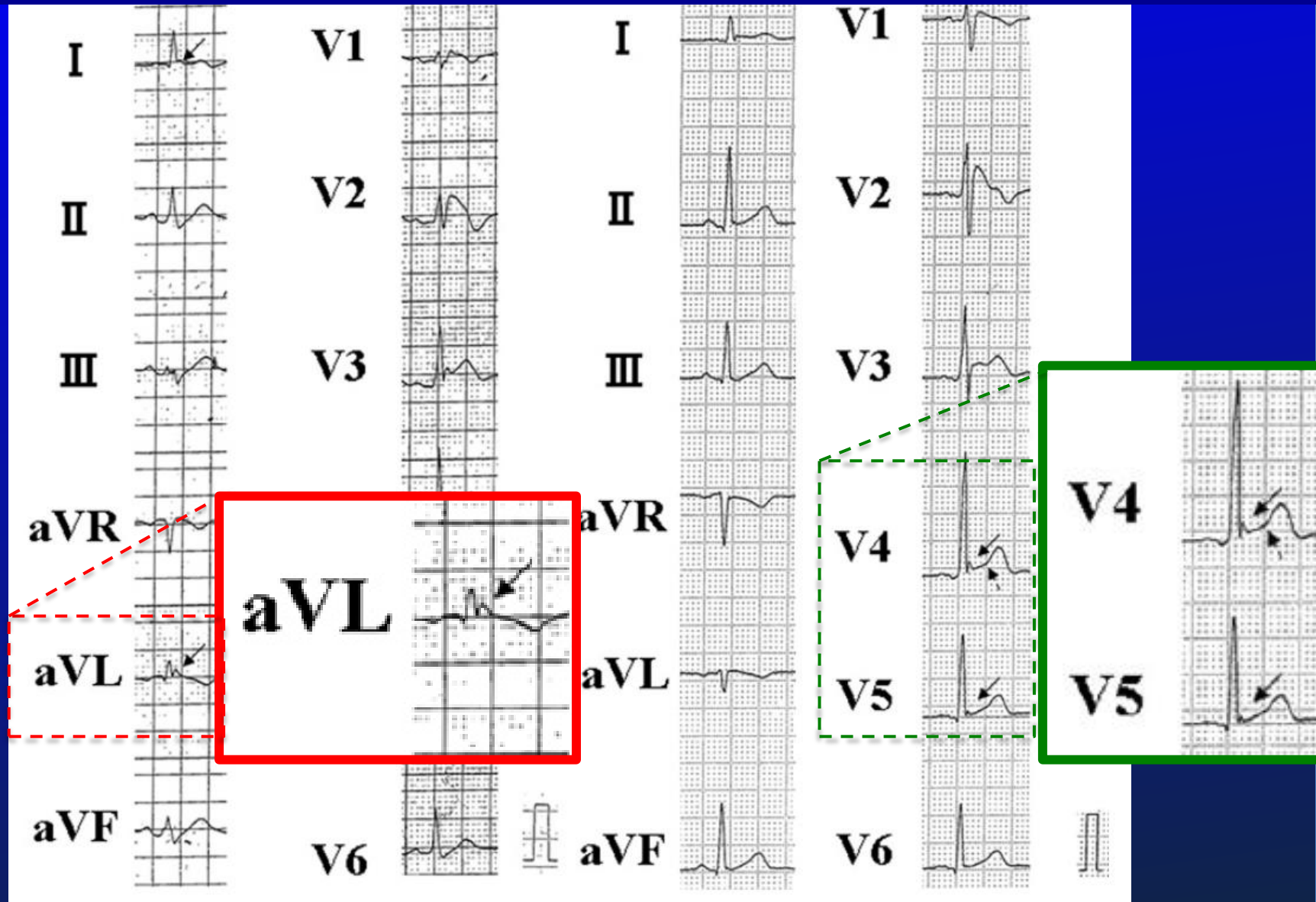


observed in the inferior leads. (*Circ Arrhythmia Electrophysiol.* 2009;2:154-161.)

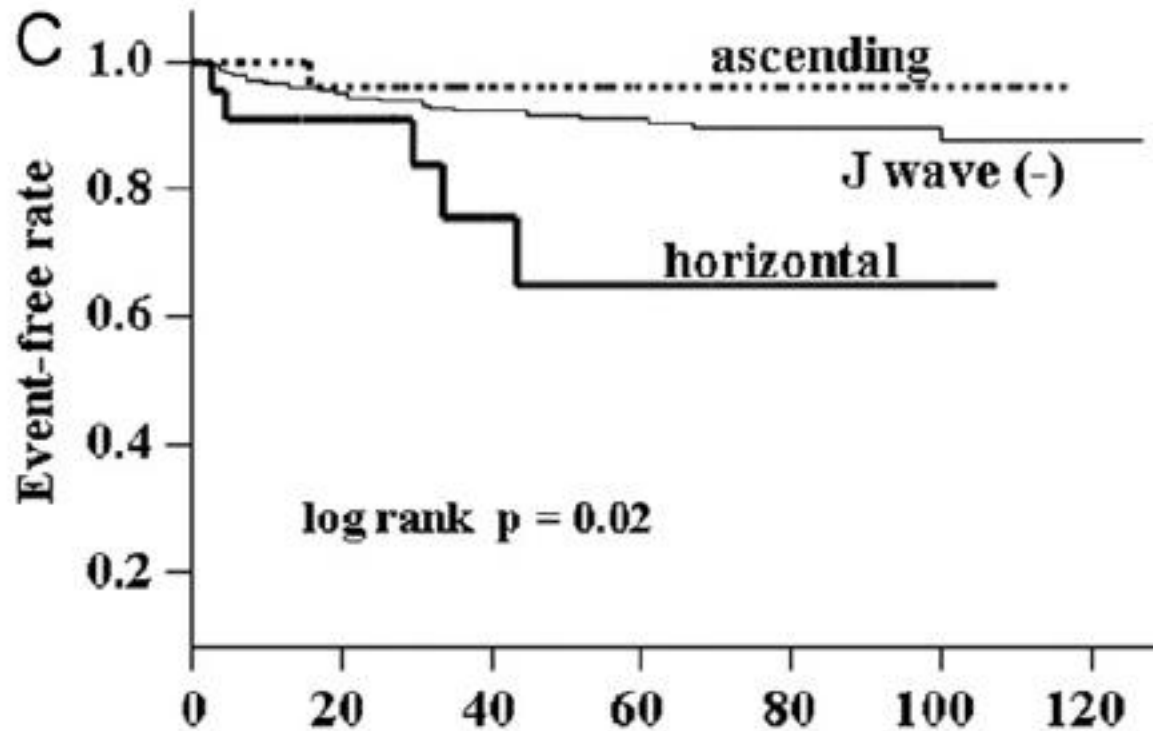
Arrhythmia free survival in patients with Brugada syndrome with and without early-repolarization abnormalities in the inferior leads.



Prognostic value of early repolarization (J wave) and ST-segment morphology after J wave in Brugada syndrome.



Prognostic value of early repolarization (J wave) and ST-segment morphology after J wave in Brugada syndrome.



<i>Number at risk</i>		Months of Follow-up						
		0	20	40	60	80	100	120
ascending	30	26	17	12	10	7	1	
J wave (-)	407	339	212	139	88	44	2	
horizontal	23	20	10	7	5	3	1	

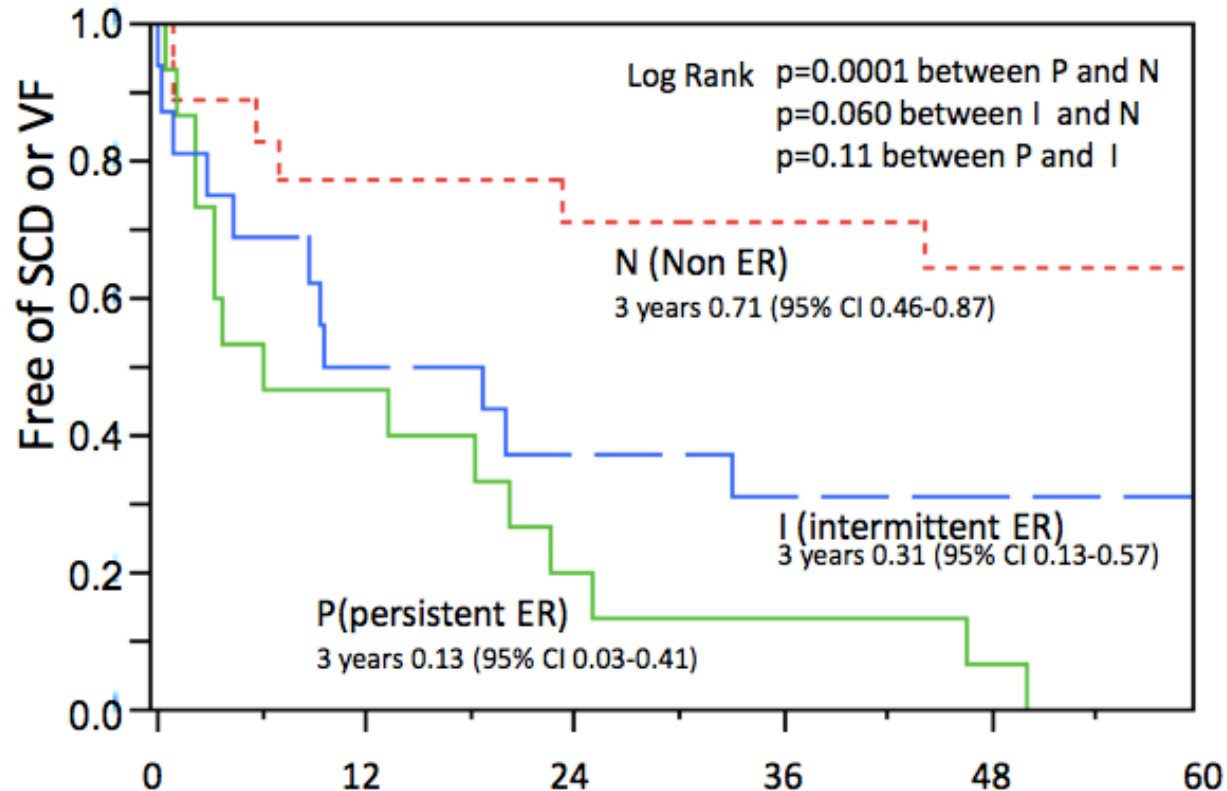
Prognostic significance of early repolarization in infero-lateral leads in Brugada patients with documented ventricular fibrillation

~A novel risk factor for Brugada syndrome~



Prognostic significance of early repolarization in infero-lateral leads in Brugada patients with documented ventricular fibrillation

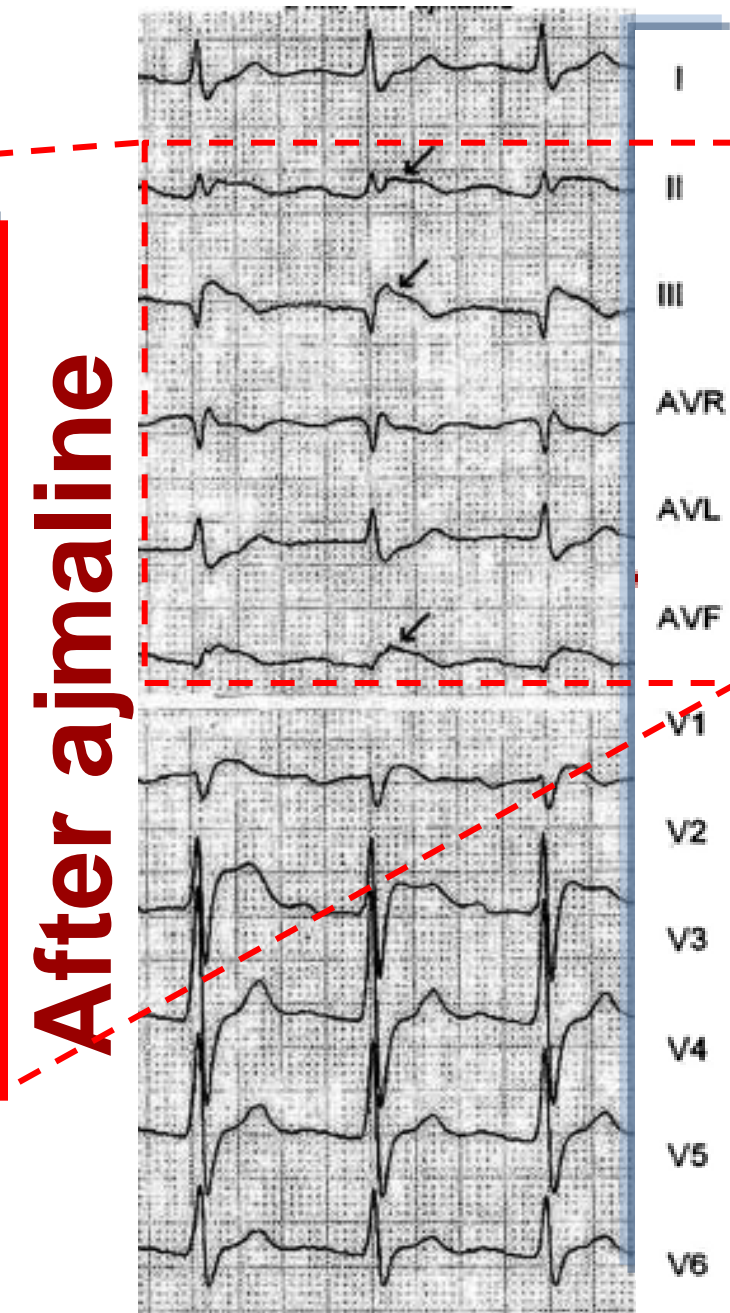
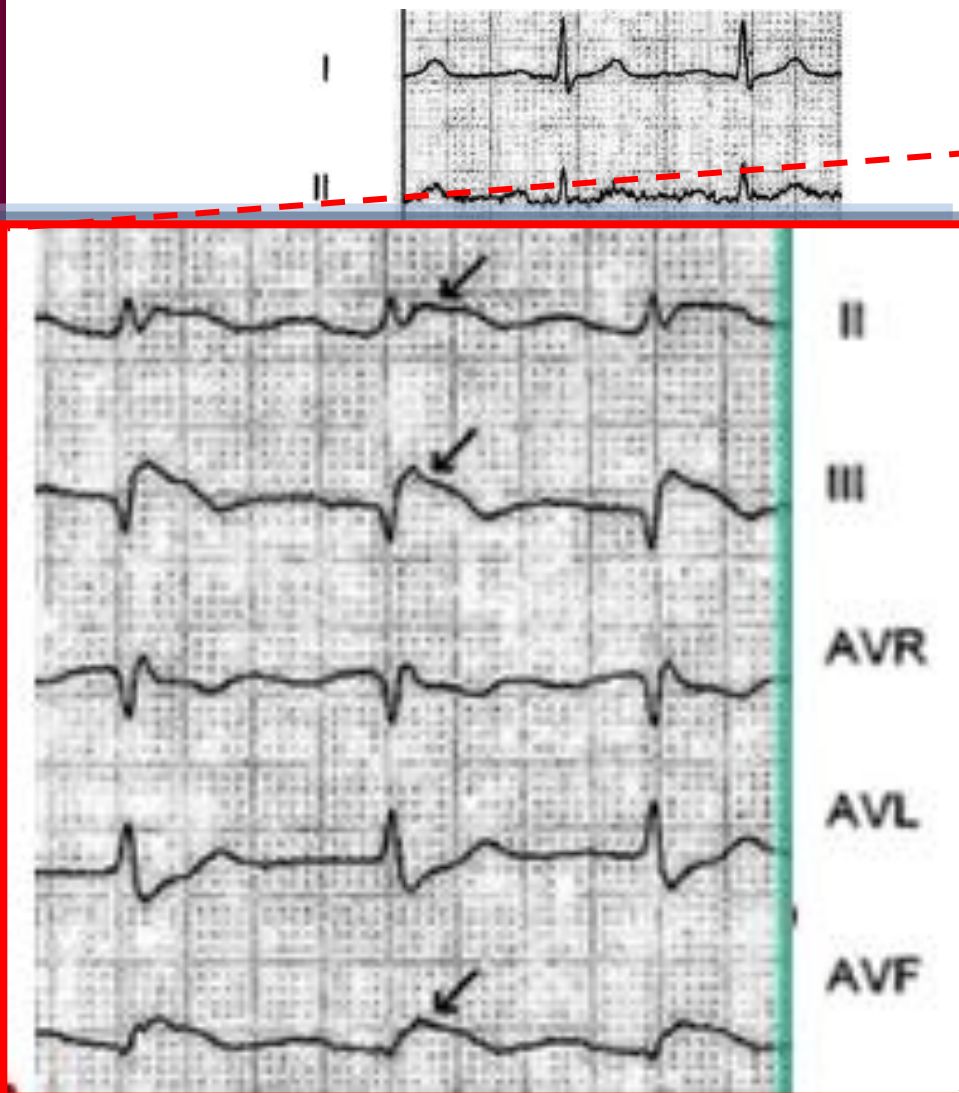
~A novel risk factor for Brugada syndrome ~



Number of patients

Follow up duration (months)

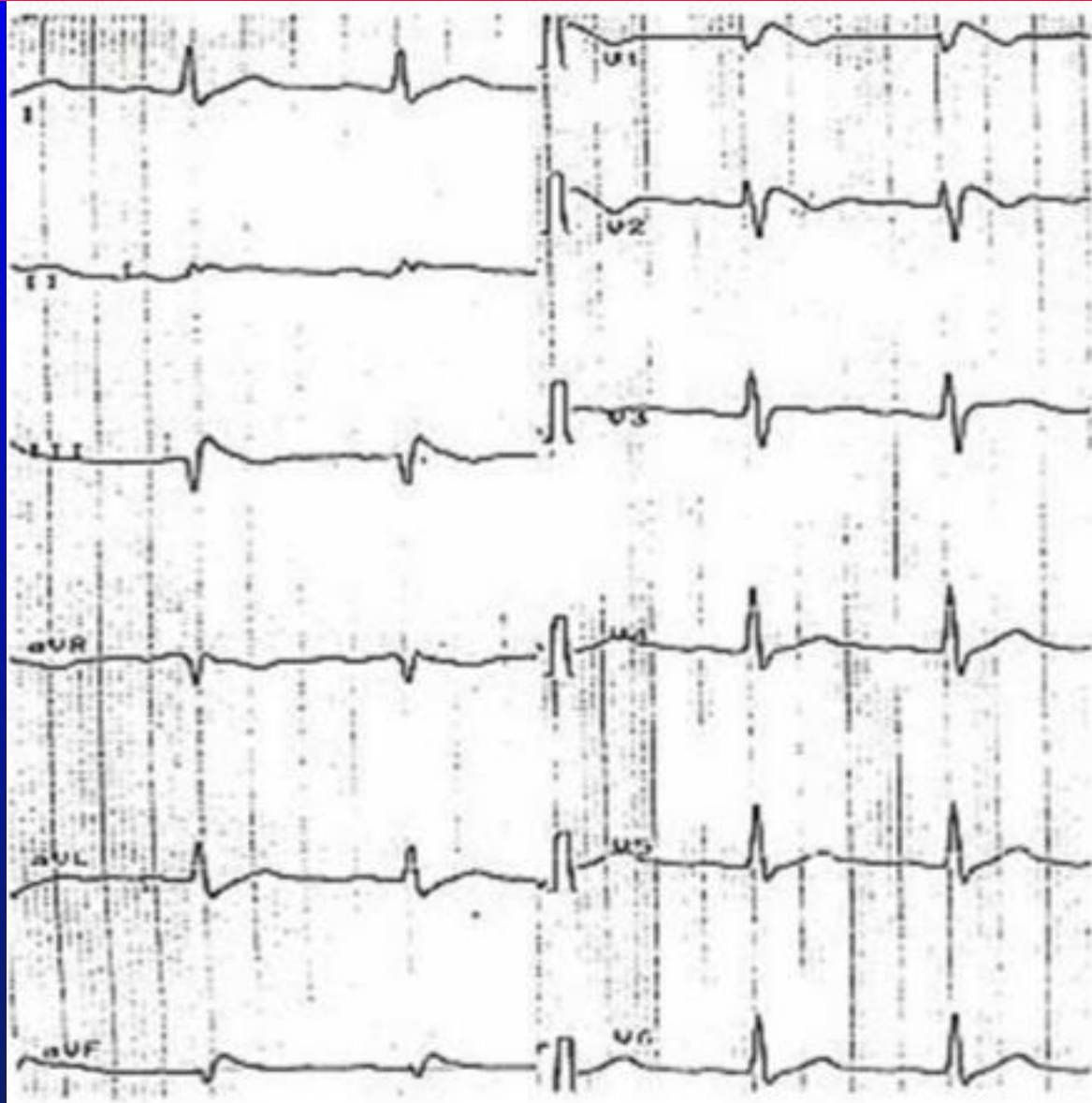
Persistent	15	8	4	3	2	0
Intermittent	16	9	7	6	5	4
Non	18	14	13	12	11	10



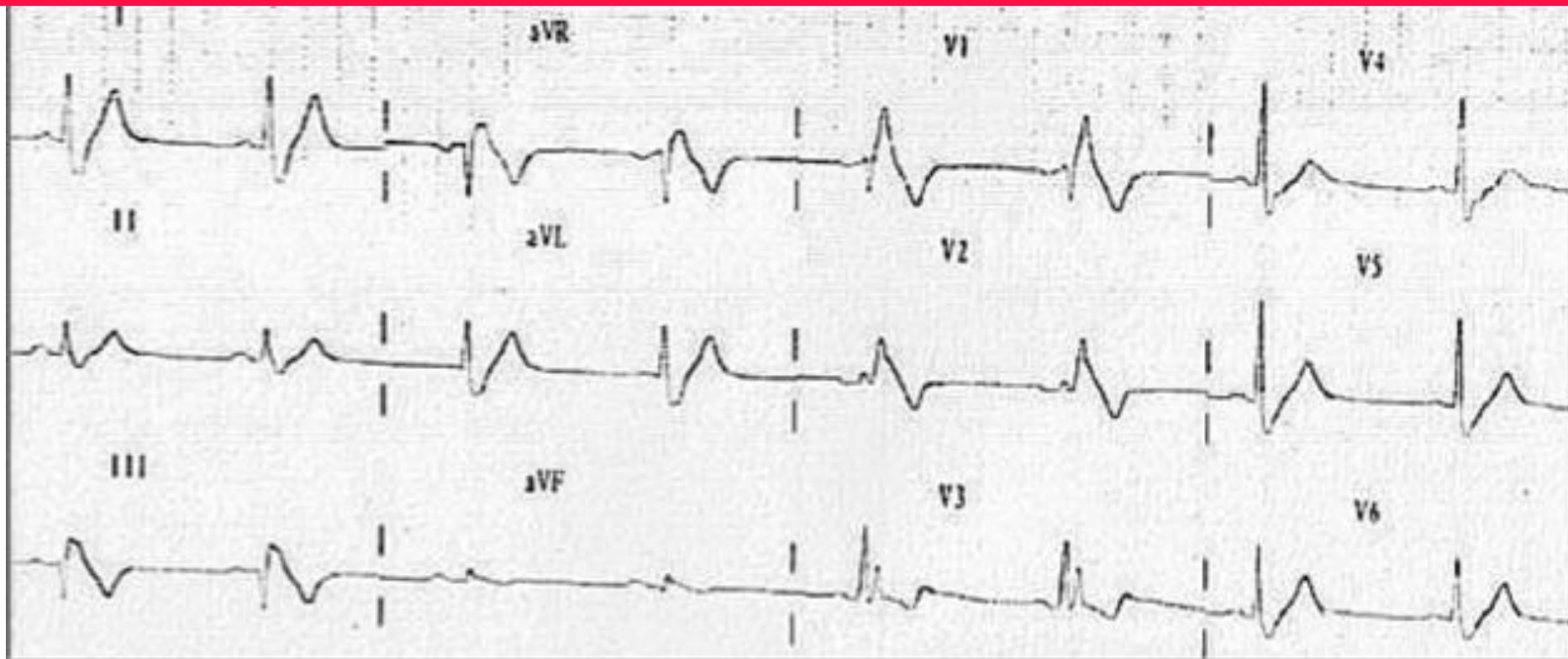
After ajmaline

Sarkozy, Circ EP 2009

Type I Brugada pattern in the peripheral leads.



Type I Brugada pattern in the peripheral leads.



Multivariate analysis

Type 1 ST elevation in peripheral leads

Spontaneous type 1 ST elevation

Syncope

Familial SD

OR (95%CI)

4.58 (1.70-12.32)

2.43 (1.01-5.84)

2.34 (0.99-5.50)

1.99 (0.84-4.69)

p =

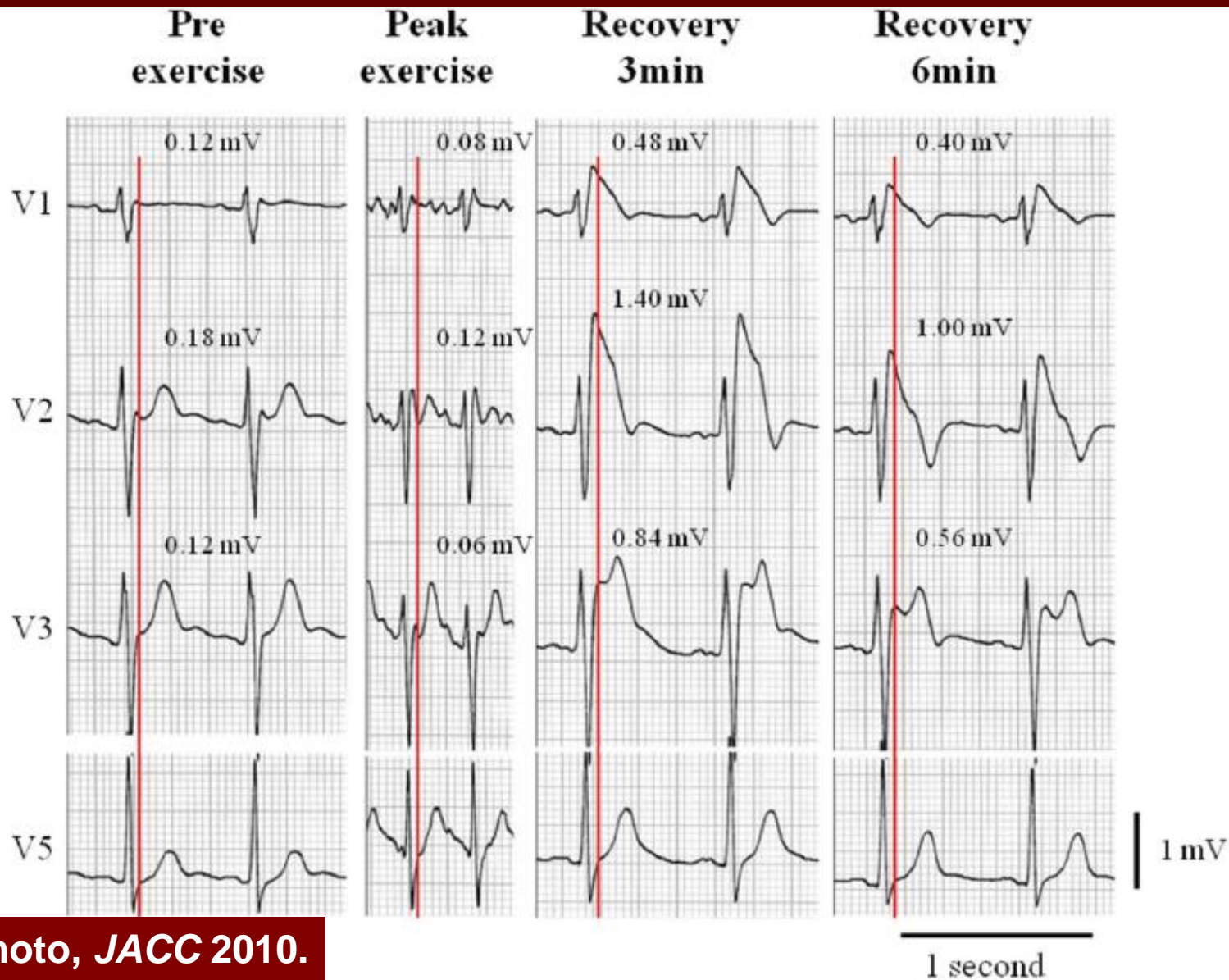
0.0025

0.047

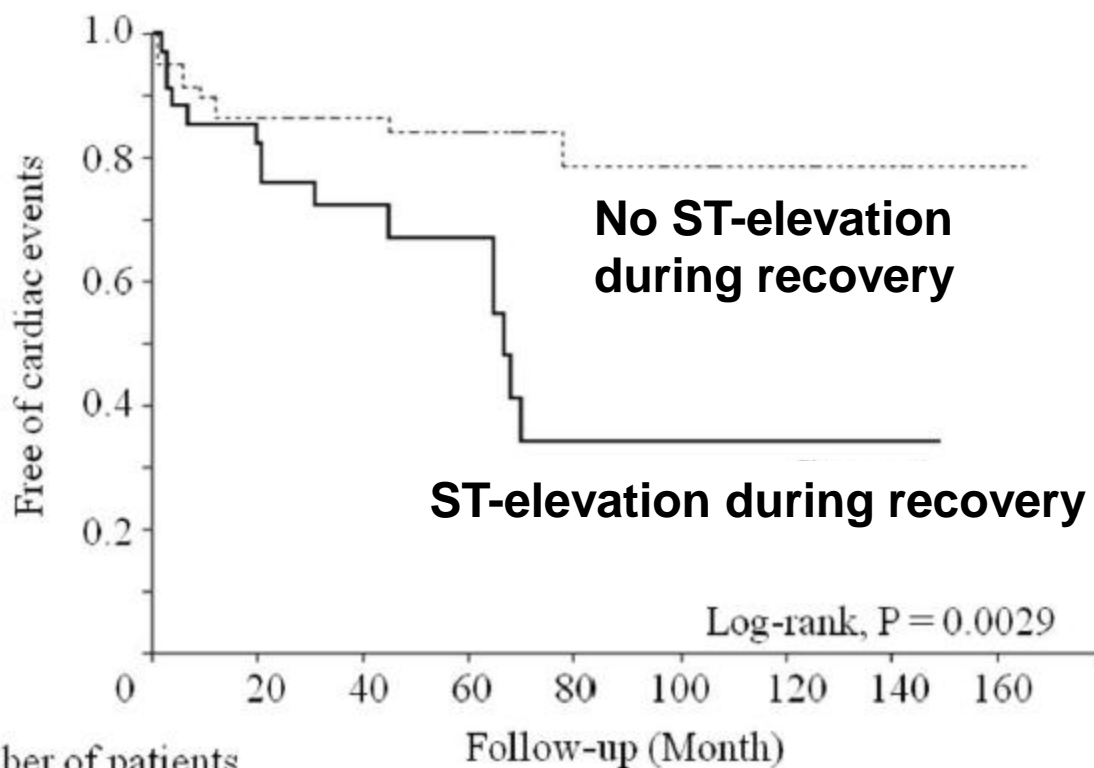
0.051

0.11

ST-segment elevation during the recovery phase of exercise test in Brugada syndrome



ST-segment elevation during the recovery phase of exercise test in Brugada syndrome



Number of patients

Group 1

34 26 16 11 4 4 1 1

Group 2

59 51 41 28 11 9 6 3

Thank you