

Brugada Syndrome

To the Editor,

We read with great interest the excellent review by Benito et al¹ in the *Revista*. Not only did the authors explain the basic concepts of the syndrome, they also pointed the way to future directions concerning its diagnosis, prognosis and treatment. Given the importance of this review, we feel it is relevant to point out an aspect that appears in the final figure (Figure 12) which gives rise to certain doubts. In the asymptomatic patient with a drug-inducible type I electrocardiographic pattern the authors point out that electrophysiologic study is a class IIa indication, based on the second consensus document on Brugada syndrome published by Antzelevitch et al² in 2005. However, in the document in question it figures as a class IIb indication, which in this case also means a class IIb indication for the implantation of a cardioverter defibrillator. We believe it necessary to clarify whether this was simply a mistake or, on the other hand and given that some authors consider it indicated as a prognostic tool,³ the authors have purposely modified the figure in the consensus document.

Roberto Barriales-Villa, Martín F. Ortiz
and Diego A. García

Instituto de Investigación Biomédica (INIBIC), A Coruña, Galicia, Spain

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Response

To the Editor,

We read with interest the comments of Barriales-Villa et al about our article on Brugada syndrome published in the November 2009 issue of the *Revista*.¹ As already mentioned in the review article, the value of electrophysiologic study (EPS) in the risk stratification of patients with Brugada syndrome has been and still remains a debated subject. Whereas some Brugada series establish that EPS is a useful tool for the prediction of major events (sudden death or ventricular fibrillation), particularly in asymptomatic patients,² other series have failed to confirm these results.³ Thus, the current indication for EPS in the asymptomatic patient is considered as possibly beneficial until the results of larger population-based series become available. In our review article, we used as a reference the recommendations proposed by the II Consensus Conference on Brugada syndrome, published in 2005,⁴ according to which the indication for EPS in asymptomatic patients with spontaneous type I electrocardiogram (ECG) is class IIa and in asymptomatic patients with non-spontaneous type I ECG is class IIb. In the figure published in our article, however, both indications were shown as IIa due to an errata that was not present in the original version of the article. Thus, we thank Barriales-Villa et al for their comment, which has enabled us to clarify the information we wished to transmit and which will, therefore, result in the readers receiving the suitable message concerning the indications for EPS in patients with Brugada syndrome.

Begoña Benito^a and Josep Brugada^b

^aResearch Center, Montreal Heart Institute, Montreal, Canada

^bInstitut del Tòrax, Hospital Clínic de Barcelona, Barcelona, Spain.

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