How much ablation is needed in the Brugada syndrome?

Yanushi Dullewe Wijeyeratne
Cardiology Specialty Registrar and Clinical Research Fellow
Declaration of interest

- No relevant conflicts of interest to declare
Figure 3  Effect of ajmaline on the epicardial substrate of a patient with Brugada syndrome with multiple implantable cardioverter-defibrillator discharges. A composite of the electroanatomic maps of the right ventricular epicardium, integrated with a fluoroscopic image of the heart using CartoUnivu software, displays and compares the substrate area at baseline and after ajmaline administration. A: Baseline abnormal substrate areas were tagged along the boundary with pink dots. B: Substrate areas were expanded after ajmaline administration (50 mg). Blue dots were used to tag the boundary of the abnormal areas that harbor fractionated late potentials after ajmaline administration.

Pappone C, et al. Circ Arrhythm Electrophysiol 2017;10(5)e005053
Conclusions

- Pathology was initially thought to be exclusively confined to RVOT, but recurrence in events despite attempted ablation.

- The inferior early repolarisation pattern in BrS may be a marker of a more severe phenotype due to conduction abnormalities in the inferior right ventricular territory.

- RVOT/RV substrate ablation may have a role in the management of highly symptomatic BrS patients with recurrent VAs despite therapy.
Acknowledgements

- Elijah R Behr
- Anthony Li
- Magdi Saba
- Koonlawee Nademanee
- Alex Grimster
- Alayna Alberts
- Samuele Guerzoni