

中文題目：發燒觸發布魯格達氏症候群

英文題目：Brugada syndrome unmasked by fever

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## Figure Legend

A 38-year-old male presented with chest tightness and then loss of consciousness with convulsion at home was brought to emergent department where repeated symptoms and ventricular fibrillation found soon after arrival. The 12 leads electrocardiogram (ECG) after cardiac defibrillation showed atrial fibrillation with ST segment elevation in precordial lead V1 and hyperacute T wave in leads V2 to V5.(Panel-A) Emergent coronary angiogram showed no coronary lesion and normal left ventricular ejection fraction. Hyperthermia (up to 39 degree celsius) was noted later at intense care unit and concurrent second 12 leads ECG revealed coved ST segment elevation, >2mm in >V1 and >5mm in V2 followed by a negative T wave.(Panel-B) Third electrocardiogram with lead V1 and V2 placed in 3<sup>rd</sup> intercostal space showed further ST segment elevation, > 4mm in V1 and >9mm in V2.(Panel-C) With certain ECG changes and previous ventricular fibrillation, Brugada syndrome was concluded. After return of the consciousness, the patient received implantable cardioverter defibrillator for second prevention of sudden cardiac death in future. Brugada syndrome is an autosomal-dominant inherited arrhythmic disorder resulting in cardiac sodium channelopathy that incurable and may triggered by drugs and fever.

