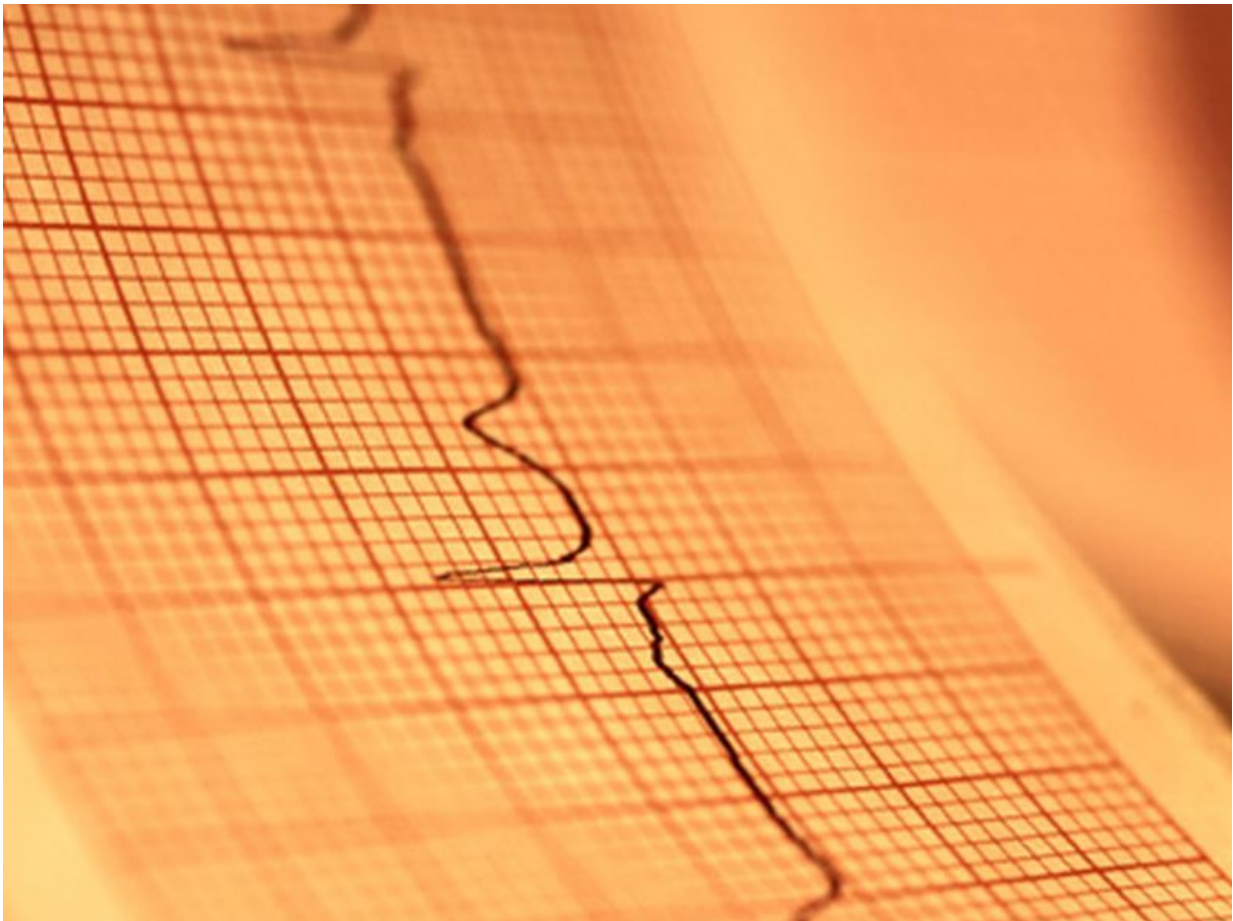


Diagnostic yield of brugada syndrome up with modified leads

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(HealthDay)—Use of V_1 and V_2 leads recorded in the second and third

intercostal spaces (High-ICS) increases the diagnostic yield for Brugada syndrome (BrS), according to a study published online April 21 in the *Journal of Cardiovascular Electrophysiology*.

Antonio Curcio, M.D., Ph.D., from the Magna Graecia University in Catanzaro, Italy, and colleagues identified 300 subjects from a Brugada syndrome registry, without a diagnostic coved ST-segment elevation in conventional V₁ to V₃ leads. They examined the clinical presentation and arrhythmic risk in this subgroup of [patients](#) discovered only with modified leads.

The researchers found that 21.3 percent of the patients (64 patients) were diagnosed with High-ICS. Four of the patients were diagnosed at baseline, while 60 were diagnosed after drug-challenge with sodium-channel blockers. Overall, 4.7 percent of patients with spontaneous abnormal electrocardiogram experienced cardiac events, with an annual event rate of 0.11 percent, which was similar to that of the low-risk BrS category diagnosed in standard leads.

"This study demonstrates that the use of new diagnostic criteria for BrS allows increasing the diagnostic yield by 20 percent and that the arrhythmic risk is low when BrS can be established only in High-ICS," the authors write. "We also show that the prognostic value of spontaneous electrocardiogram pattern is confirmed in this subgroup."

More information: [Abstract](#)
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