NHS SCOTLAND

NICCS
NETWORK FOR INHERITED CARDIAC CONDITIONS SCOTLAND

Referral and management pathway for individuals and families with suspected Brugada syndrome (BrS)

NOTE

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined based on all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

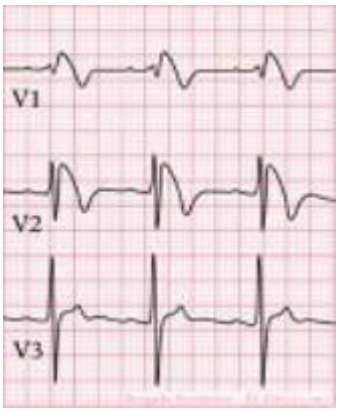
Network for Inherited Cardiac Conditions Scotland
Referral and management pathway for individuals and families with suspected Brugada syndrome (BrS)

Brugada syndrome is a disorder of cardiac electrophysiology which often has an inherited component. Patients may present clinically with:

- Asymptomatic Brugada pattern on 12-lead ECG (high leads)
- Syncope or seizures
- Polymorphic VT (pVT), which may occur in bursts
- Resuscitated VF*
- Sudden cardiac death (SCD) in a family member*

Syncope, pVT and SCD in BrS may have ***potentially avoidable*** triggers, including: fever, vagal stimulation, sodium-channel blocking drugs (www.brugadadrugs.org) and electrolyte imbalance.

1) Assess ECG



a) Standard 12-lead and high-lead ECG (V1 and V2 in second intercostal space)

b) Consider causes of drug-induced BrS: www.brugadadrugs.org

2) Consider high-risk features

Presentation with resuscitated VF arrest, pVT (including non-sustained) or syncope/seizures
→ **discuss with cardiology / EP, take a blood sample for genetic testing**‡

3) Refer for evaluation

a) Brugada ECG with background of resuscitated VF, pVT, seizures or syncope
→ refer to ICC, give Brugada advice‡‡ pending evaluation, take a blood sample for genetic testing‡

b) asymptomatic Brugada ECG pattern, family history of Brugada syndrome
→ refer to ICC, consider Brugada advice‡‡ pending evaluation

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* See specific NICCS referral and management pathways
‡ EDTA sample labelled as per blood transfusion to clinical genetics, if consent or type of testing is unclear DNA extraction & storage can be requested
‡‡ Available at https://www.niccs.scot.nhs.uk/