

A case report: Brugada syndrome in a drug-naïve patient treated with psychotropic drugs

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Brugada syndrome occurs during the third, fourth decade of age with syncope or cardiac arrest due to ventricular tachycardia and ventricular fibrillation, mostly during the night. It is considered purely electrical heart disorder in the absence of deterioration of muscle tissue. Mr. a. m., of 41 years old Pakistani citizen, he moved to Italy in 2002, is hospitalized following an episode of confusion, which took place on March 18, 2015, in the Department of general medicine for inspection. Later he was transferred to the Department of Psychiatry for the presence of symptoms characterized by under or down-of mood, anxiety somatized referred to as diffuse chest pain, reduced appetite, insomnia and self-mutilating ideas, cognitive disorders with decreased short-term memory. The patient has never taken psychotropic drugs therapy prior to admission. Then set the following therapy: Haloperidol 2 mg/ml 10 drops 3 drops/day; Lorazepan 2.5 mg cpr cpr cpr .5 + ½ + home/day; Venlafaxine 75 mg R.P. home cpr per day.

The ECG showed ST elevation, right bundle branch block on the precordial V1, V2, V3. This picture has given ECG patient transfer at the Department of Cardiology and the simultaneous suspension of psychotropic drug therapy. The hospital has confirmed the finding of a pattern of Brugada syndrome ECGrafico-like type 1 after performing with sodium channel blockers (Flecainide), while no arrhythmias on ECG Holter.

In this phase, cardiologists have decided to postpone the at-home patient ECG Holter program after 30 days from the resignation and genetic analysis at a molecular Cardiology Center of North Italy.

While awaiting the results of genetic analysis assumes an automatic defibrillator. Such a procedure must take account of economic and social difficulties of the patient that may adversely affect prognosis.