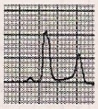
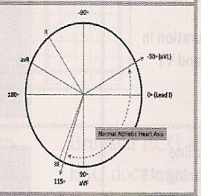
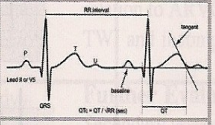
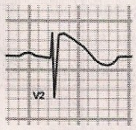
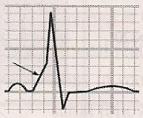
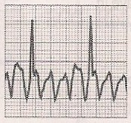
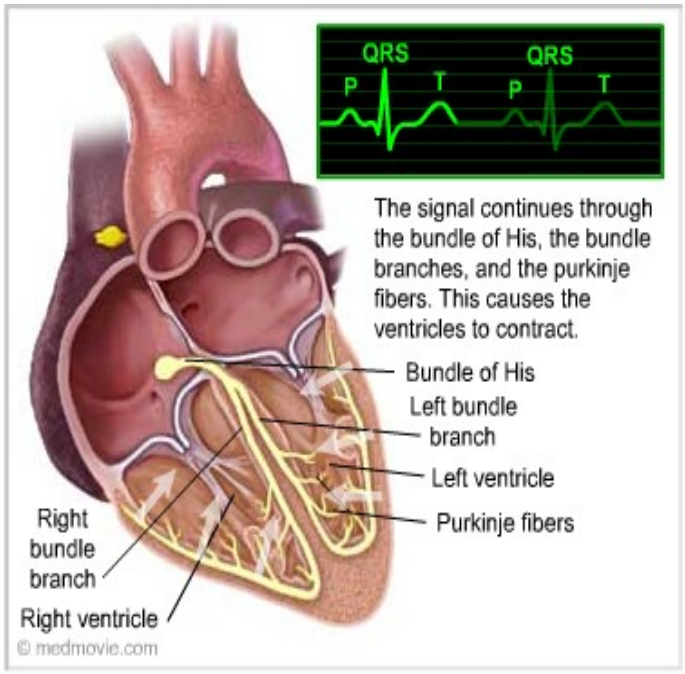
Brugada Abnormalities

Asymptomatic athletes noted on screening to have type 1 Brugada ECG pattern should be further evaluated. It is not recommended for athletes with isolated findings consistent with Epsilon waves. However, when associated with TWI or a significant family history, secondary testing is mandatory.

Secondary assessment for presence of the Brugada syndrome, including a search for associated clinical criteria, which include unexplained syncope, aborted sudden death, self-terminating VG or ploymorphic VT, family history of sudden death, or nocturnal agonal respiration. Bruada ECG patterns type 2 and 3 without the clinical features of Brugada syndrome do not warrant limitation in sport activity or further evaluation but may undergo serial follow-p for evidence of Brudata syndrome. Standard workup for ARVC/D include cardiac MRI, signal-averaged ECG, Holter monitoring, and exercise testing.

LBBB RBBB IVCD	Any QRS >120 ms	
QRS axis deviation	More leftward than -30◦ More rightward than 115◦	
QTc interval	>470 ms in males >480 ms in females <340 ms in any athlete	
Brugada pattern	Presence of Type 1 pattern: coved ST segment in V1 and V2 gradually descending into inverted T wave	
Pre-Excitation	Delta wave and PR interval <120 ms	
Ventricular extrasystoles, heart block, and supraventricular arrhythmia	Atrial fibrillation/flutter, supraventricular tachycardia, complete heart block or ≥2 PVCs in one 12 lead ECG	



Cypress ECG Project