**FEVER-INDUCED BRUGADA PATTERN IN A HISPANIC PATIENT**

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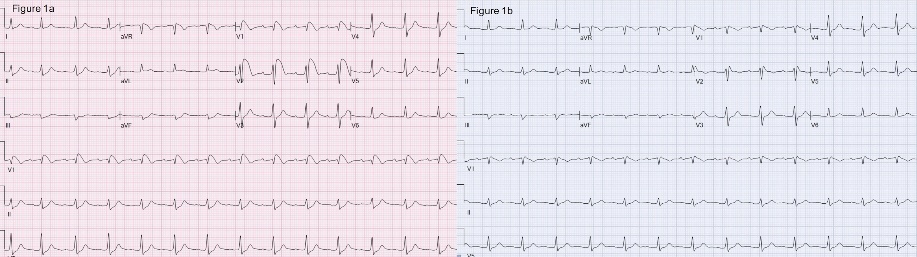
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**Background**: Electrocardiographic Brugada pattern is uncommon in the general population, with certain ethnicities at increased risk. Fever is a well-known trigger for the amplification of this pattern. However, it is an uncommon finding in the Hispanic population.

**Methods**: Retrospective chart review and case description

**Case Description**: A 75-year-old Hispanic male with a history of a recent STEMI, presented with a one-day history of abdominal pain. He was found to have choledocholithiasis without evidence of cholangitis. On his second day of admission, he developed rigors, fever (38.8 degrees Celsius) and progressively worsening abdominal pain. An ECG was obtained (Figure 1a) which unmasked the underlying type 1 Brugada pattern with striking ST-segment elevation and T-wave inversions in leads V1 and V2. He received antipyretics and broad spectrum antibiotics. The ECG was repeated once afebrile (37.4 degrees Celsius), demonstrating improvement in the degree of ST-segment elevation (Figure 1b).

**Discussion**: Brugada syndrome frequently arises from mutations in the sodium channel gene, SCN5A. The prevalence is well described, and is rarely encountered in patients of Spanish or Hispanic descent. Fever-induced Brugada is predominantly reported in children, with subsequent resolution once the febrile illness has abated. In the absence of risk factors for early mortality, patients with electrocardiographic Brugada pattern are managed conservatively and should be closely monitored by a specialist.

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