LETTERS

Author reply: Brugada Phenocopy due to giant mediastinal lipoma, Re: Possible Brugada Phenocopy induced by a giant mediastinal lipoma.

Dear Editor,

We have read with great interest the letter of Gottschalk et al¹, and we would like to thank them for their interest in our case of a Brugada ECG pattern induced by a mediastinal tumor. We have already provided further information regarding patient's follow up, not mentioned in our previous publication², as they have requested during our last communication. These details include duration of follow-up from publication (16 months), patient's health status (still alive), possible occurrence of arrhythmic events (none postoperatively), personal and family history of syncope or aborted sudden death (clear). Moreover a provocative test with sodium channel blocker was requested by Dr. Gottschalk in order to classify this case as a true Brugada Phenocopy or not. At the time of our last communication we were not able to perform this test. Recently, we have managed to contact both the patient again as well as his personal private cardiologist. After a detailed discussion explaining the importance of this test and patient's consent, we were finally able to proceed with it. The sodium channel blocker used was flecainide and the test proved negative. According to the diagnostic criteria of Brugada Phenocopy this case may safely now qualify under category (ii) mechanical compression.

References

- Gottschalk B, Anselm DD, Baranchuk A. Possible Brugada Phenocopy induced by a giant mediastinal lipoma, Re: Brugada-like ECG pattern due to giant mediastinal lipoma. Hippokratia. 2014;18:190.
- 2. Asteriou C, Lazopoulos A, Giannoulis N, Kalafatis I, Barbetakis N. Brugada-like ECG pattern due to giant mediastinal lipoma. Hippokratia. 2013;17:368-369.

Key Words: Brugada Phenocopy, Brugada Syndrome, mediastinal lipoma

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Conflict of interest

None declared.

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