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Syncope in young and healthy patients as indicative of congenital heart disease

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Personal History: No known drug allergies. Episodes of syncope studies privately. No current medical treatment.

Anamnesis: 33 years-old male transferred by ambulance after suffering traffic accident on his motorbike. According a witness, the patient had suffered loss of consciousness. Upon the arrival of the ambulance, patient presents Glasgow 15/15, only slightly desoriented, although the witness refers possible previous seizure. Patient refers amnesia about what happened.

Physical examination: conscious, oriented and collaborator, Glasgow 15. Hematoma to supraciliar level and right eyelid, with incised wound at the level of the upper eyelid. Several facial injuries with loss of tooth. Immobilization of the left leg with swelling and pain in his ankle. Rest anodyne.

Complementary tests: Cranial CT: no significant findings. Left ankle X-ray: B-type fracture.

EKG: sinus rhythm at 65 bpm, normal axis, PR <0.20, incomplete right bundle branch block in V1-V2, with ST elevation in V2 and early repolarization. Urinalysis: bezodicepines and cannabis positive. Blood test: no significant findings.

Diagnosis: syncope secondary to cardiac dysfunction (Brugada syndrome)

Evolution: the patient was admitted to Cardiology area to study possible syncope with Brugada type III pattern EKG.

Conclusion: the presence of unexplained syncope in a young patient should be of study of an underlying cardiac cause.

Keywords: syncope, early repolarization, Brugada syndrome.