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Quick response code



Anaesthetic management of patients with Brugada syndrome

Sir,

We read the letter to the editor published in your journal entitled “The baffling issues of Brugada electrocardiogram pattern for anaesthesiologist!” by Rajesh *et al.* with great interest, and we would like to highlight the omission of a recent multicentric document on this specific topic, not reported in this manuscript that we think could be useful to the scientific community.^[1,2]

To date, it is difficult to formulate universal guidelines for anaesthetic management of Brugada syndrome (BrS) patients due to the absence of prospective studies. There is no definitive recommendation for either general or regional anaesthesia, and to the best of our knowledge, there are no large studies ongoing. For this reason, in the anaesthesia management of BrS patients, the decision of using each drug must be made after careful consideration and always in controlled conditions, avoiding other factors that are known to have the potential to induce arrhythmias (or exacerbate the Brugada electrocardiogram pattern) and with a close cooperation between anaesthetists and cardiologists that is essential before and after surgery.

We have recently published in The American Journal of Cardiology some general rules,^[2] derived from case series and clinical practice, to be followed during the perioperative and anaesthetic management of patients with BrS. The suggestions to be implemented are summarised in this paper and we acknowledge that further prospective investigations are needed. Until strong evidence about this topic is available, we hope

to have provided an adequate starting framework with useful suggestions for daily clinical practice.^[2]

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Conflicts of interest

There are no conflicts of interest.

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