Brugada-type ST-elevation Associated with Writhing of a Reconstructed Esophagus

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A 71-year-old man was referred to our hospital for an examination of an abnormality on an electrocardiogram (ECG) performed in a clinic that showed an occasional type I Brugada pattern irrespective of meals (Picture 1A). The patient had experienced no syncope or faintness and had been treated for esophageal cancer with total esophagectomy and retrosternal esophageal reconstruction using a gastric tube four years earlier. The intravenous administration of pilsi-
cainide did not induce ST-elevation. Interestingly, the Brugada sign was absent (Picture 1B) on chest X-P obtained simultaneously with an ECG showing transient bulging of a right-sided mediastinal shadow (Picture 1D) and present (Picture 1A) on chest X-P showing no bulging (Picture 1C). The transient mediastinal shadow was diagnosed to be the reconstructed esophagus located anterior to the right ventricle on chest computed tomography (arrows in Picture 2). The present case suggests that transient writhing of the reconstructed esophagus can cause mechanical compression of the right ventricle, thus leading to the phenomenon observed in this case (1, 2).

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References