The therapeutic approach of the Brugada syndrome is highly debated especially in asymptomatic patients. Although there is a consensus to implant symptomatic patients with ICDs, the choice of appropriate treatment for asymptomatic patients is very difficult, principally because of a limited ability to identify those individuals at high risk of sudden cardiac death. It may be either follow-up with no treatment or implantation of an implantable cardioverter-defibrillator (ICD). As a consequence of improved recognition of this condition and advances in ICD technology, implantation rates among the young increased. Although the successful prevention of sudden cardiac death by device implantation is often paramount in the mind of the cardiologists, some studies show that the morbidity burden associated with both the diagnosis and the treatment is high. The decision to implant an ICD is not straightforward. Patient selection, device implantation, and programming must be meticulous to minimize the morbidity of this therapy. The last recommendations are probably no more appropriate. A better risk stratification of arrhythmic events in Brugada syndrome is eagerly awaited.

Keywords: Brugada syndrome, implantable cardioverter defibrillators, sudden cardiac death