Objectives: The purpose of this study was to determine whether J wave is a marker of arrhythmic risk in patients with vasospastic angina (VSA). Background: Both VSA and the presence of J waves in ECG are associated with fatal ventricular arrhythmias and sudden death. However, the prevalence of J waves among VSA patients is little known. Methods: We reviewed 66 patients with VSA in our hospital retrospectively and assessed the association between the presence of J wave and clinical backgrounds among them. J wave was defined as an elevation of the QRS-ST junction of > 0.1mV from baseline. Results: Spontaneous VF and syncope occurred in 9 (13.6%) and 14 (21.2%) of all patients, respectively. J waves were observed in 33 patients (50%) and were significantly more prevalent in males than females (60.4% vs. 16.7%, P<0.01). Arrhythmic symptoms (ventricular arrhythmias or syncope) were observed frequently in patients with J waves, compared to without J wave (48.4% vs. 23.8%, P<0.05). Both of the locations and height of J waves were not associated with the history of arrhythmic symptoms. Conclusions: J waves are observed frequently among male patients with VSA. The presence of J waves potentially influence the development of lethal ventricular arrhythmias associated with VSA. Keywords: vasospastic angina, J wave, ventricular fibrillation