**VALIDATION OF THE INDICATION FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR IN BRUGADA SYNDROME IN THE J WAVE SYNDROMES CONSENSUS CONFERENCE**

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**Background:**Recently, new approaches to therapy of the J wave syndromes including Brugada syndrome(BrS) were published as J Wave Syndromes Consensus Conference. The validity of the indication for Implantable Cardioverter Defibrillator (ICD) in BrS is still unknown.

**Objective:**  To evaluate the validity of the indication for ICD implantation in the Consensus Conference.

**Methods:**A total of 430 consecutive BrS patients (with VF or cardiac arrest: 102, with arrhythmic syncope: 135, without symptom and performed programmed electrical stimulation (PES) with non-aggressive uniform protocol: 193; mean age 51 ± 14 years, 413 males) were enrolled. PES protocol was using 2 basic pacing cycles up to 3 ventricular extra-stimuli from 2 right ventricular sites down to the minimum of 200 ms. Clinical outcomes during follow-up period were compared between patients with the indication for ICD implantation.

**Results:**The incidence of cardiac events (sudden cardiac death [SCD] or VF) during a mean follow-up period of 88 ± 48 months was significantly higher in patients with Class I (n = 40 of 102, 6.3%/yr) than those with Class IIa (n = 11 of 135, 1.1%/yr), IIb (n = 0 of 35, 0%/yr), and the other (asymptomatic patients with spontaneous or fever-induced type 1 ECG and some risk factors but without inducible VT/VF with up to 2 extrastimuli; n = 7 of 158, 0.6%/yr) indications (p < 0.0001), as determined by the Kaplan-Meier method. In patients with the other indication, incidences of cardiac events in patients with family history of SCD, wide QRS duration > 90msec in lead V2, or inducible VT/VF up to 3 extrastimuli were 0.8, 0.6, and 0.3%/yr, respectively.

**Conclusions:**We confirmed the validity of the Class I and IIa indications for ICD implantation but not for Class IIb indication. PES may not be useful for risk assessment in asymptomatic BrS with spontaneous or fever-induced type 1 ECG, even using non-aggressive uniform protocol.