

Comments on the interesting electrocardiograms by Dr. Elisabeth Kaiser

I would like to comment on the tracing published in Volume 17, page 415, by Dr. Elisabeth Kaiser et al. [1]. The title of the mentioned case is: 'Ebstein's anomaly with Brugada-like electrocardiogram pattern: a critical view'. Such a title would lead the reader to think we will find another phenocopy with ST segment elevation in right precordial leads ≥ 2 mm followed by negative T waves in V1 and V2. None of this is seen in the tracing displayed, only ST elevation in III and aVF and commentaries by the authors about the similarities with the atypical form, idiopathic ventricular fibrillation or early repolarization. To put it briefly, the title of the paper is not related at all to the tracing shown inside. Therefore, there is a clear inconsistency.

Next, the authors make an audacious diagnosis of left posterior fascicular block (LPFB) based on the electrocardiographic morphology. They seem to have forgotten that the diagnosis of LPFB is necessarily clinico-electrocardiographic, i.e. necessarily there should be absence of asthenic habitus, right ventricular overload, or lateral infarction [2–4]. If the tracing shown belongs to a patient carrier of Ebstein's anomaly, which is an entity with

right atria and right ventricle pathology, a diagnosis of LPFB is impossible.

Finally, I am quite surprised that the authors did not perform a VCG in this case (the Incor service, to which all three authors belong, has this resource available), which could possibly show the typical broad QRS loop in the frontal plane, a fact that would reinforce the weak diagnostic hypothesis of LPFB ventured.

References

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