A 74-year-old man was admitted to the emergency department after experiencing a syncopal episode followed by ventricular fibrillation witnessed by the medical emergency team. After defibrillation and one round of cardiopulmonary resuscitation, the patient regained spontaneous circulation. He had presented malaise and fever during the night. His blood pressure was 125/78 mmHg, his oxygen saturation was 96% on room air and his temperature was 38.2°C. An electrocardiogram (ECG) at admission demonstrated a coved ST-segment elevation in V1 and V2 followed by a negative T wave, compatible with type 1 Brugada pattern (Figure 1). There was no family history of sudden death or heart disease. His previous ECG, performed six months previously, was essentially normal (Figure 2). The transthoracic echocardiogram excluded structural heart disease. Coronary angiography excluded coronary disease. He was admitted to the cardiac care unit for closer monitoring. Repeat ECG 24 hours later in apyrexia showed complete normalization. The infection was resolved and a cardioverter-defibrillator was implanted before discharge.
Figure 2  Previous electrocardiogram performed six months previously (essentially normal).

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors have no conflicts of interest to declare.