A 33-year-old Algerian man presenting with acute asthma was found to have right bundle branch block and anterior ST-segment elevation on surface electrocardiogram (ECG). Two years earlier he had suffered a syncopal event during which relatives were unable to find a pulse. A brother had died suddenly with acute asthma. Exercise tolerance testing was performed (Figure 1). The resting supine ECG morphology is consistent with Brugada type II ECG pattern with ‘saddleback’ ST-elevation in leads V2 and V3. During 13 min of exercise, T-wave inversion developed in V2 with a reduction in ST-segment elevation in V3. On cessation of exercise, a drop in blood pressure associated with dizziness occurred consistent with a vasovagal episode. Two and a half minutes into the recovery phase, the ECG pattern changed to a classical type I Brugada ECG morphology with coved ST-segment elevation in the precordial chest leads. These changes reverted to baseline over the subsequent 12 min. Implantable cardioverter defibrillator implantation was offered.

Normalization of ST-segment elevation in the Brugada syndrome has been described during exercise testing. Unmasking of type I Brugada ECG in the recovery phase of exercise...
testing has not been described. The mechanism for these changes is unknown, but appears similar to the exacerbation of the Brugada ECG seen with the administration of parasympathetic-stimulating agents. Exercise testing with close examination of the recovery phase should be considered in the investigation of patients presenting with a type II Brugada ECG pattern and previous syncope and/or a family history for sudden death.

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