

LETTER TO THE EDITOR

Letter to the editor by Bortolo Martini regarding the article: The numerous denominations of the Brugada syndrome and proposal about how to put an end to an old controversy - a historical-critical perspective

Bortolo Martini M.D.



Director (retired), Cardiac Unit,
Alto Vicentino Hospital
Via Gioberti 9 36016 Thiene
(VI), Italy

Corresponding author

bortolo.martini@gmail.com

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After the publication of article “The numerous denominations of the Brugada syndrome and proposal about how to put an end to an old controversy - a historical-critical perspective”, we recently received a commented letter from Mr. Bortolo Martini, which we present below: Item quae sunt Caësar’s Caësar’s et quae sunt Dei Deo. (Matthew 22:21 Jesus said “So give back to Caesar what is Caesar’s, and to God what is God’s). A word of fairness please!

Doctor Andrea Nava, 1938-2018¹ (and not myself), associate Cardiologist at the University of Padova, Italy, first discovered the Precordial early repolarization syndrome (PERS)², simply analyzing the clinical and electrocardiographic (ECG) patterns of a single patient. Incidentally, many Medical discovers derived from a single case observation by some wise physician and not from guidelines, conferences or literature reviews. Two more patients with a similar ECG were reported a year later³. His open mind analysis proposed that the ecg pattern was related to a conduction disturbance at the right ventricular outflow tract level, possible related to some structural right heart abnormalities. After 33 years of heavy debate (and personal derision and threats), insisting that a functional heart disease, a repolarization abnormality and a diseased sodium channel were the absolute true, nowadays many outstanding authorities have “re-discovered e re-published” the Nava theories, so often without any fair citation. The recent paper by Joseane Elza Tonussi Mendes⁴ propose to diminish or abolish his pivotal role, according to a self claimed authority and expertise.

Doctor Nava did not speak English, did not studied guidelines, was never invited to scientific meetings or to consensus conferences, and did not make any money out of his discovers, simply living on his pension. He never claimed that the PERS syndrome had not been fairly named Nava syndrome. He also first discovered the electro-ventocardiographic patterns of an atypical right bundle block pattern, of the re-entry circuit in the common type atrial flutter, the VDD pace-maker, the chromosomes and the genes underlying right ventricular cardiomyopathy. Gaetano

Thiene, Gianfranco Buja, Bruno Canciani, Giandomenico Danieli, Alessandra Rampazzo, Barbara Bauce, Domenico Corrado, Luciano Daliento, Cristina Basso and many other enthusiastic young doctors followed his teaching. After his death, the same year of his friend Guy Fontaine, the outstanding contribution of Andrea Nava to the knowledge of cardiac arrhythmias belongs to the future history of Medicine, but as in many other diseases the less the scientific contribution of published paper, the more the Strauss law of eponyms is extensively applied.

Medicine is not yet a science but still rely on individual intuitions. The true outstanding Doctors are more artists than scientists, but this not well accepted and so often “politics penetrates basic science” as wisely written by one on the discover of the SCN5A channels sometime related to the PERS syndrome.

The Brazilian group, has recently renewed their long lasting interest in the polemic to attribute a friendly eponym to this syndrome, with a tribute to the Brugada Brothers, whose contribution to the knowledge of the syndrome is out of discussion. To demonstrate this self-refenced assumption they insist to minimize the papers written by Nava and myself, trying to demonstrate that in their opinion, only one case truly fitted with a consensus definition established in 2013, twenty five years after the initial discovery. They probably are not aware of other papers that discussed the topic⁶⁻⁸ and they principally should know that type one ecg is not “mandatory for the diagnosis of the syndrome” but is simply the most popular ECG of the syndrome, but not the only one. In all published series, this spontaneous ECG pattern belongs to the minority of cases classified as syndrome.

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This anxiety to be the first who says something, has led to a worldwide blameful overestimation of the importance of the ECG in identifying true patients at risk, but the result of this rush is that so many healthy asymptomatic people have been submitted to invasive investigations and therapy, only because they something fitted with a type 3 ECG, with a high precordial leads ECG recording, with some inconclusive drug challenge, mostly performed by inexperienced doctors, who only believed to a consensus that is nowadays under relevant discussion, according to new increasing evidences.

I totally disagree to insist with the polemic to try to differentiate two different but identical syndromes, with the only aim to preserve popular eponyms and self claimed authority. Medicine improvement is not a soccer match between Italy and Spain directed by a Brazilian referee, but a serious and evidence based humble contribution to the knowledge of disease. Professor Andrea Nava was our and everybody master of science and life and He discovered the PERS. A word of fairness and respect please!

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