What Do We Know (or Think) about Idiopathic Ventricular Fibrillation?

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It is now 20 years since we published the first review on idiopathic ventricular fibrillation. Many of the things we know about idiopathic VF were already described in that review (Viskin & Belhassen. Idiopathic Ventricular fibrillation. Am Heart J1990). These include the patients' demographic characteristics, their tendency to develop arrhythmic storms and the excellent therapeutic profile of quinidine. However, great advances in our understanding of this disease occurred since then: 1) In 1996 we described the characteristic mode of onset of ventricular fibrillation in these patients, always triggered by a ventricular extrasystoles with very short coupling interval (ultimately associated with His-Purkinje extrasystoles by Haissaguerre many years later); 2) by the year 2000 we realized that 21% of the patients we had been calling "idiopathic VF" had in fact what we now know as Brugada syndrome; 3) in 2004 we proposed that some of the patients with idiopathic VF have, in fact, a congenital short QT syndrome "with not so short" QT intervals. Finally, the association between the early repolarization pattern with J-point elevation and idiopathic VF was established in 2008.