ABSTRACT BOOK ABSTRACTS



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MELANOMA AND MELANOCYTIC NAEVI

BRUGADA SYNDROME INDUCED BY BRAF AND MEK INHIBITORS IN A MELANOMA PATIENT

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Background: Drug-induced Brugada syndrome has been described in asymptomatic patients without a family history of the condition after exposure to various drugs but has never been reported with the association of BRAF and MEK inhibitors. We report here a case of Brugada syndrome diagnosed during treatment with dabrafenib and trametinib.

Observation: A 50-year-old man with BRAF V600E metastatic melanoma was treated with BRAF and MEK inhibitors (dabrafenib and trametinib). Before the initiation of treatment, the patient had a right bundle branch block, a corrected QT interval of 390ms in the ECG and a left ventricular ejection fraction of 60%. Five months after the initiation of the treatment, although remaining asymptomatic, he presented a type 1 Brugada ECG pattern that spontaneously resulted in resolution of electrocardiogram (ECG) abnormalities after treatment withdrawal of 10 days. It is hypothesized that Brugada syndrome may be due to an individual genetic susceptibility that favours drug-induced ECG abnormalities, possibly as a result of an increase in a latent ion (sodium) channel dysfunction similar to that in drug-induced long QT syndrome. Cardiac dysfunction and hypertension have been reported with the use of trametinib with no significant effect on QT prolongation. Based on these data, the causal role of dabrafenib in our observation can be suggested.

Key message: Dermatologists, Oncologists, and Cardiologists should be aware of the risk of Brugada syndrome induced by dabrafenib and trametinib to early discontinue the treatment and avoid severe cardiac symptoms.



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