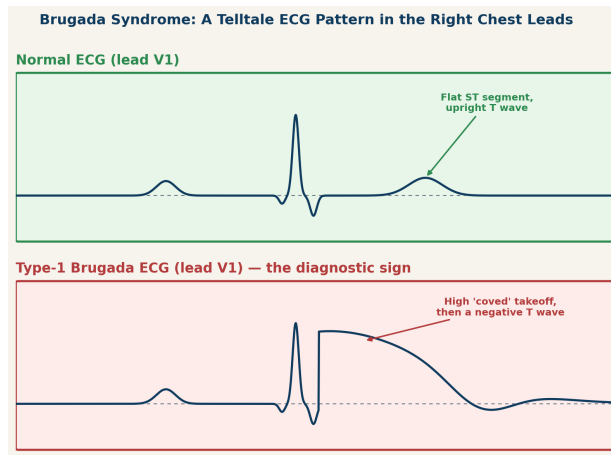


Brugada Syndrome

An Inherited Heart-Rhythm Problem That Runs in Families

Brugada syndrome is a wiring problem in a structurally normal heart. Fever and certain drugs can trigger it — and the right plan can protect you.



Online: <https://go.riasalimd.com/brugada-guide>

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Names & Terms You Will Hear

Term	Meaning
Brugada syndrome	An inherited heart-rhythm disorder. The heart muscle looks normal, but the electrical signals can misfire and trigger a dangerous fast rhythm. It is named after the doctors who first described it.
Channelopathy	A disease of the tiny channels that let charged particles move in and out of heart cells. In Brugada, the sodium channels do not work well, so the heart's electrical signal is off.
Sodium channel (SCN5A gene)	The main channel and gene involved in Brugada. A change in the SCN5A gene is found in about 1 in 5 patients. The channel lets sodium into heart cells to start each beat.
Type-1 ('coved') ECG pattern	The one ECG pattern that confirms Brugada. The ST segment in lead V1 or V2 rises high, curves over like a dome, and drops into a downward T wave. It can come and go.
Ventricular fibrillation (VF)	A chaotic, useless quiver of the lower heart chambers. The heart cannot pump, so the person collapses within seconds. VF is the rhythm that causes sudden cardiac arrest in Brugada.
Sudden cardiac arrest (SCA)	When the heart suddenly stops pumping and the person collapses and stops breathing normally. Without CPR and a shock from a defibrillator, it is fatal in minutes.
ICD (implantable cardioverter-defibrillator)	A small device placed under the skin. It watches the heart and delivers a life-saving shock if a dangerous rhythm starts. It is the main treatment for high-risk Brugada.
Quinidine	An older rhythm medicine that can calm the Brugada electrical problem. It is used to reduce repeated shocks or for people who cannot have an ICD.
Sodium-channel blocker challenge	A test done in a monitored setting. A medicine (such as ajmaline or procainamide) is given to see if the hidden type-1 pattern appears, helping confirm the diagnosis.



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Common Triggers and What to Do About Each

Trigger	Why It Matters	What to Do
Fever	Heat makes the faulty sodium channels work even worse and can unmask the pattern.	Treat fever fast with acetaminophen. Do not wait. Call us if it will not come down.
Certain medicines	Some heart-rhythm, psychiatric, and other drugs can provoke the pattern.	Check BrugadaDrugs.org before any new medicine. Tell every provider you have Brugada.
Heavy alcohol	Binge drinking can trigger the pattern and a dangerous rhythm.	Limit alcohol and avoid binge drinking.
Very large meals	A big, heavy meal can trigger the pattern in some people.	Eat moderate meals; notice if large meals bring on symptoms.
Surgery and sedation	Some drugs used to put you to sleep can affect the sodium channels.	Tell us before any procedure so your care can be planned safely.

Call 911. Start Hands-Only CPR. Use an AED.

If someone collapses and is not responding or not breathing normally, every second counts. Call 911. Push hard and fast in the center of the chest. Send someone for the nearest AED. Quick CPR and an early shock are what save lives.



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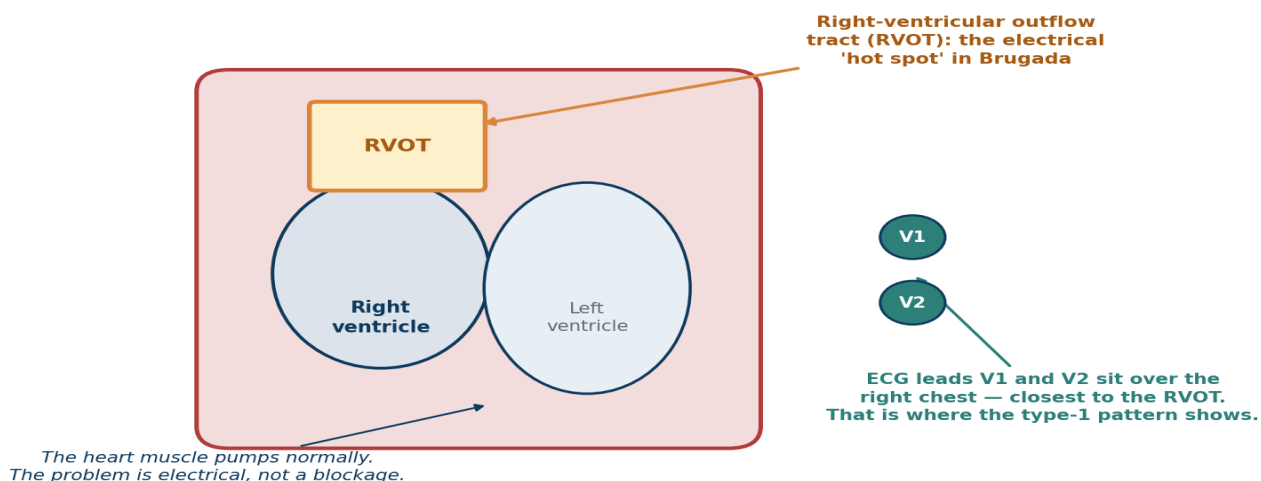


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Brugada Syndrome?

- Brugada syndrome is an inherited electrical disorder of the heart. The heart muscle and valves are usually normal.
- The problem is in the heart's sodium channels — tiny gates that start each heartbeat. When they work poorly, the electrical signal becomes unstable.
- It is found by a special ECG sign called the type-1 (or 'coved') pattern. It shows up in the right chest leads, V1 and V2.
- The danger is a very fast, chaotic rhythm called ventricular fibrillation, which can stop the heart and cause sudden cardiac arrest.
- Events often happen at rest or during sleep — not during exercise. This is the opposite of many other heart problems.
- It tends to show up in adults in their 30s and 40s, and is diagnosed more often in men, though women carry the gene change just as often.
- Fever is a major trigger because heat makes the faulty sodium channels work even worse. Treat fever quickly.
- Certain medicines can also unmask the pattern and provoke an event. A current list is kept at BrugadaDrugs.org.
- It runs in families. A first-degree relative (parent, sibling, child) has about a 1-in-2 chance of carrying the same gene change.

Where Brugada Lives: A Wiring Problem in the Right Ventricle



In Brugada, the heart muscle pumps normally. The electrical trouble sits in the right-ventricular outflow tract (RVOT). ECG leads V1 and V2 sit over the right chest, closest to that spot, which is why the type-1 pattern shows up there.



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Hands-Only CPR — the beat to remember.

Push hard and fast in the center of the chest, about 2 to 2.5 inches deep, at 100 to 120 pushes a minute. That is the beat of the song 'Stayin' Alive.' Do not stop until help or an AED arrives. You do not need to give rescue breaths to help an adult.

About AEDs — they will not shock a normal heart.

An AED (automated external defibrillator) reads the heart rhythm and only delivers a shock if it finds a dangerous one. It will not shock a normal heartbeat, so you cannot hurt someone by using it. The free PulsePoint app helps you find the nearest AED.



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Why It Matters

- Brugada is one of the causes of sudden cardiac death in young, otherwise healthy adults — sometimes the very first sign is a cardiac arrest.
- Because the heart looks normal on most tests, the diagnosis is easy to miss without the right ECG and a careful family history.
- Many people with the ECG pattern never have a problem. The job of your cardiologist is to sort out who is truly high risk and who is not.
- The triggers — fever, certain drugs, heavy alcohol, large meals — are largely avoidable once you know about them. Knowledge directly lowers risk.
- For high-risk patients, an ICD is highly effective at stopping a fatal rhythm. Getting the risk assessment right is what saves lives.
- Because it is inherited, finding one case lets us screen and protect the whole family — sometimes preventing a tragedy before it happens.

Risk Tiers in Brugada — How We Decide Who Needs a Device

Lower risk	Intermediate risk	Higher risk
• Pattern seen only after a drug-challenge test • No fainting and no cardiac arrest • No family history of sudden death • Usual plan: avoid triggers, treat fever fast, regular follow-up • Most people are in this group	• Spontaneous type-1 pattern but no symptoms • Or fainting whose cause is unclear • Plan is decided case by case • May include an EP study and shared decisions • Close monitoring and strict trigger avoidance	• Survived a cardiac arrest, or had documented VF/VT • Or spontaneous type-1 pattern with cardiac fainting • An ICD is recommended (Class I) • Quinidine or ablation for repeated events • Highest priority for protection



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
A spontaneous type-1 ECG pattern	When the coved pattern appears on its own (not only after a drug test), the risk of a dangerous rhythm is higher than when it only shows under provocation.
Fainting that may come from the heart	Fainting with no clear cause is a warning sign. It matters most when it happens at rest, at night, or with no warning.
A prior cardiac arrest or recorded dangerous rhythm	This puts a patient in the highest-risk group. It almost always calls for an ICD.
Family history of sudden death	A sudden death in a close relative raises concern. It matters most when the relative was young. It is a reason to screen the family.
Male sex	Brugada events are diagnosed more often in men. Hormones are thought to play a role, though women who carry the gene change can be affected too.
Fever	Fever is a strong trigger, but you can act on it. It can unmask the type-1 pattern and set off a dangerous rhythm. Treat a fever right away.
Certain medicines	Some heart, mood, and sleep-related drugs can provoke the pattern. Always check BrugadaDrugs.org. Tell every provider you have Brugada.



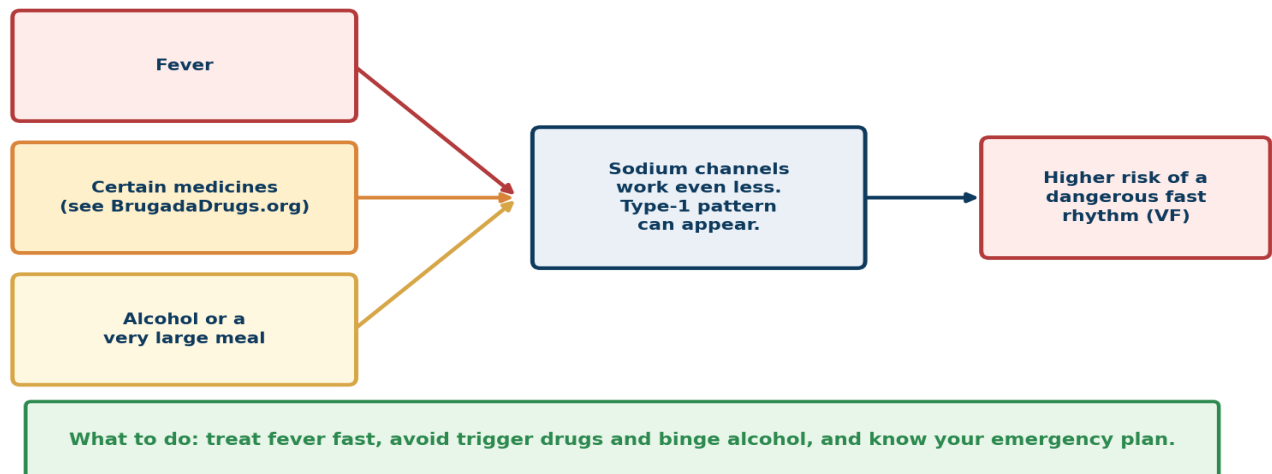
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How Triggers Raise Risk in Brugada — and How to Lower It



Triggers such as fever, certain medicines, and heavy alcohol or very large meals make the faulty sodium channels work even less, which can unmask the type-1 pattern and raise the risk of a dangerous rhythm. Treating fever fast and avoiding trigger drugs lowers that risk.

Fever is the trigger to act on first. Keep acetaminophen at home and start it early whenever you have a fever. Do not wait for it to climb. If a fever will not come down, call our office. During any illness with fever, be extra alert for fainting or palpitations.



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Treatment Options

- There is no medicine that cures Brugada. Treatment focuses on preventing a dangerous rhythm and stopping one quickly if it starts.
- An ICD (implantable cardioverter-defibrillator) is the only proven life-saving treatment for high-risk patients. It delivers a shock to restart a normal rhythm.
- An ICD is strongly recommended (Class I) for anyone who has survived a cardiac arrest or had a recorded dangerous rhythm.
- An ICD is also considered for patients with the spontaneous type-1 pattern plus fainting that appears to be from the heart.
- Some patients qualify for a subcutaneous ICD (S-ICD), which sits entirely under the skin with no wire in the heart — an option your cardiologist will discuss.
- Quinidine is a medicine that can calm the electrical problem. It is used to reduce repeated ICD shocks, or for people who cannot have or do not want an ICD.
- A hospital-only medicine called isoproterenol is used to settle an 'electrical storm' — many dangerous rhythms in a short time.
- Catheter ablation of the substrate over the right-ventricular outflow tract can markedly reduce repeat arrhythmias and shocks in selected high-risk patients.
- For most people with the pattern but no symptoms and no high-risk features, the plan is trigger avoidance and regular follow-up — not a device.

See Also — Related Guides

- Our [Sudden Cardiac Arrest](#) guide explains 911, Hands-Only CPR, and AEDs in detail.
- Our [Ventricular Tachycardia and Ventricular Fibrillation](#) guide covers the dangerous rhythms behind Brugada events.
- Our [ICD and CRT Devices](#) guide explains how a defibrillator works and what living with one is like.
- Our [Subcutaneous ICD \(S-ICD\)](#) guide covers the under-the-skin device option many Brugada patients consider.
- Our [EP Study and Catheter Ablation](#) guide explains the testing and ablation procedures.
- Our [Long QT Syndrome](#) guide covers a related inherited electrical disorder of the heart.



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Medicines and anesthesia — always check first. Some heart-rhythm drugs, some psychiatric drugs, and some anesthesia agents can provoke the Brugada pattern. Check *BrugadaDrugs.org* before starting any new medicine, and tell every doctor, dentist, and anesthesia team that you have Brugada syndrome.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Treat any fever quickly. Keep acetaminophen at home and start it early. Do not wait for the fever to climb.
- Save BrugadaDrugs.org on your phone. Check it before starting any new prescription or over-the-counter medicine.
- Carry a wallet card or wear a medical-alert bracelet that says 'Brugada syndrome' so emergency teams know right away.
- Limit alcohol, and avoid binge drinking. Avoid very large, heavy meals, which can trigger the pattern in some people.
- Make sure the people you live with know how to call 911 and start Hands-Only CPR, and where the nearest AED is.
- Tell every doctor, dentist, and anesthesia team that you have Brugada — before any procedure or new medicine.
- Stay well hydrated and rest when you are sick. Illness with fever is the time to be most careful.

Living Well With Brugada — Everyday Habits

- Keep acetaminophen at home and treat any fever right away. This is the single most important daily habit.
- Save BrugadaDrugs.org on your phone and check it before any new medicine, including over-the-counter ones.
- Wear a medical-alert bracelet or carry a card that says 'Brugada syndrome.' It speaks for you in an emergency.
- Limit alcohol and avoid binge drinking. Avoid very large, heavy meals if they bring on symptoms.
- Most people with Brugada can exercise. Ask us what is right for you, since recommendations are individual.
- Teach the people you live with to call 911, start Hands-Only CPR, and find the nearest AED.



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Screening Your Family

- Brugada is passed down in families. First-degree relatives have about a 1-in-2 chance of carrying the same gene change.
- Screening usually starts with an ECG for parents, siblings, and children, and sometimes a drug-challenge test.
- If a specific gene change is found in you, relatives can be tested for that exact change — a simpler, clearer test.
- Finding the condition early lets us teach trigger avoidance and protect at-risk relatives before any harm.
- The SADS Foundation (sads.org) offers family support and clear guidance on screening inherited arrhythmias.
- Tell us about any relative with unexplained fainting or sudden death so we can arrange the right testing.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
ICD for high-risk Brugada	Surgery to place the device. Risk of infection, lead problems, and inappropriate (unnecessary) shocks. The shock itself is painful but life-saving.	The only treatment proven to stop a fatal rhythm and prevent sudden death in high-risk patients. Works automatically, day or night.	Quinidine for selected patients; close monitoring for low-risk patients; a subcutaneous ICD (S-ICD) for those who qualify.
Subcutaneous ICD (S-ICD)	Larger device under the arm; cannot pace the heart for slow rhythms. Shocks can be inappropriate if not programmed well.	No wire inside the heart or blood vessels, so it avoids lead-in-vein complications. A good fit for many young Brugada patients.	A traditional (transvenous) ICD; quinidine; watchful waiting if low risk.
Quinidine medicine	Side effects include diarrhea, nausea, ringing in the ears, and rare rhythm effects. Needs monitoring and is not available everywhere.	Can reduce repeated ICD shocks and calm the electrical problem. An option when an ICD is not possible or not wanted.	An ICD for proven protection; catheter ablation for repeated events.
Catheter ablation (RVOT area)	A procedure done with thin tubes, often from the outside surface of the heart. Risks include bleeding and injury to nearby parts.	Can greatly reduce repeat dangerous rhythms and ICD shocks in selected high-risk patients. Done at specialized centers.	An ICD alone; quinidine; continued trigger avoidance.



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Option	Risks	Benefits	Alternatives
Watchful waiting (no device)	If a truly high-risk person is misjudged as low-risk, a dangerous rhythm could go untreated. Requires honest, careful risk assessment.	Avoids device surgery and its complications. Right for most people who have the pattern but no symptoms and no high-risk features.	An ICD or quinidine if risk features appear; family screening either way.



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Common Misconceptions

Myth	Reality
Brugada means my heart is weak or damaged.	No. In Brugada, the heart muscle, valves, and arteries are usually normal. The problem is purely electrical — a wiring issue, not a pump or plumbing problem.
If my ECG looks normal today, I do not have Brugada.	The type-1 pattern can come and go. It may hide on a normal day and appear with fever, certain drugs, or a special drug-challenge test. One normal ECG does not rule it out.
Exercise is the dangerous part, like in other heart conditions.	Brugada is unusual: dangerous rhythms most often happen at rest or during sleep, not during exercise. Fever and trigger drugs matter far more than a workout for most patients.
Everyone with the Brugada pattern needs a defibrillator.	Not at all. Many people with the pattern are low risk and never need a device. An ICD is for those with high-risk features — a prior arrest, cardiac fainting, or a spontaneous type-1 pattern with risk factors.
A fever is no big deal.	For someone with Brugada, fever is one of the most important triggers. Treat it quickly with acetaminophen and watch closely. A high fever can unmask the pattern and provoke a dangerous rhythm.
Since it is genetic, there is nothing I can do.	There is a great deal you can do: treat fevers fast, avoid trigger drugs and heavy alcohol, get the right risk assessment, and have your family screened. These steps directly lower risk.
My family does not need to be checked.	Brugada is inherited. First-degree relatives have about a 1-in-2 chance of carrying the same gene change. Screening can find and protect at-risk relatives before any harm.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart rhythm — ventricular fibrillation	The lower chambers quiver chaotically and the heart cannot pump. This is the central danger in Brugada and causes sudden cardiac arrest.
Sudden cardiac arrest	The heart stops pumping; the person collapses and stops breathing normally. Without immediate CPR and a shock from a defibrillator, it is fatal in minutes.
Fainting (syncope)	A dangerous rhythm that stops on its own can cause a brief blackout. Fainting in Brugada is a warning sign that must be reported.
Electrical storm	Several dangerous rhythms in a short time. It is a medical emergency, often treated in the hospital with isoproterenol and sometimes quinidine or ablation.
Other fast rhythms	Some patients also get a fast, uneven rhythm of the upper chambers. It can cause a racing or pounding heartbeat.
ICD complications	For those with a device: inappropriate (unneeded) shocks, lead problems, or infection. These are manageable, and the life-saving benefit is the priority.
Family risk	Brugada runs in families. Relatives who are not tested may carry the same risk without knowing. Screening turns a hidden danger into one we can watch.

Protect your family too. Brugada is inherited. A first-degree relative (parent, sibling, or child) has about a 1-in-2 chance of carrying the same gene change. Ask us about screening for your relatives with an ECG and, when appropriate, genetic testing. Finding it early lets us protect them. The SADS Foundation has helpful family resources.



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Points to Know

If you remember nothing else, remember these key points.

- Brugada is an inherited electrical problem in a structurally normal heart. The danger is a fast, chaotic rhythm that can cause sudden cardiac arrest.
- It is diagnosed by the type-1 'coved' ECG pattern in the right chest leads. The pattern can come and go.
- Dangerous events often happen at rest or during sleep, not during exercise.
- Treat any fever quickly with acetaminophen. Fever is a major, avoidable trigger.
- Check BrugadaDrugs.org before any new medicine, and tell every doctor, dentist, and anesthesia team that you have Brugada.
- An ICD is the only proven life-saving treatment for high-risk patients. Quinidine and catheter ablation help with repeated events.
- Most people with the pattern but no symptoms are low risk and need trigger avoidance and follow-up, not a device.
- Brugada runs in families. First-degree relatives should be screened — they have about a 1-in-2 chance of carrying the gene change.
- Make sure the people around you know how to call 911, start Hands-Only CPR, and use an AED.
- If you have unexplained fainting, especially at rest or at night, tell us right away. Do not brush it off.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Someone collapses and is not responding or not breathing normally — call 911, start Hands-Only CPR, and send for an AED right now.
- You faint or nearly faint — especially at rest, during sleep, or with no warning — call us the same day; call 911 if it happens again or with chest symptoms.
- Your ICD delivers a shock — call us. One shock with quick recovery: call promptly. More than one shock, or you feel unwell: call 911.
- You have a fever that is not coming down with acetaminophen — call us for guidance, and keep treating the fever.
- A new medicine is prescribed and you are not sure it is safe — check BrugadaDrugs.org and call us before taking it.
- You have a procedure or surgery coming up — call us first so we can coordinate safe anesthesia and monitoring.
- Palpitations, a racing or pounding heartbeat, or a feeling that something is wrong with your rhythm — call us to be checked.
- A close relative has unexplained fainting or sudden death — call us so we can arrange family screening.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [BrugadaDrugs.org — Drugs to Avoid](#) - The reference list of medicines to avoid (and to use with caution) in Brugada syndrome. Check it before any new prescription. Save it on your phone.
- [Cleveland Clinic — Brugada Syndrome](#) - Plain-language overview of Brugada causes, ECG patterns, triggers, and treatment options.
- [Mayo Clinic — Brugada Syndrome](#) - Symptom-focused overview with genetics, triggers, and treatment.
- [MedlinePlus Genetics — Brugada Syndrome](#) - US National Library of Medicine explainer of the SCN5A genetics and family inheritance pattern.
- [American Heart Association — Hands-Only CPR](#) - Step-by-step Hands-Only CPR for the people around you to learn — it can save your life or a loved one's.
- [PulsePoint Respond — Find a Nearby AED](#) - A free app that helps you and bystanders locate the nearest AED and respond to a cardiac arrest near you.
- [SADS Foundation — Sudden Arrhythmia Death Syndromes](#) - Patient and family support for inherited arrhythmia conditions, including Brugada, with guidance on family screening.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cleveland Clinic — Brugada Syndrome](#) [Clinical]
Patient overview of the inherited arrhythmia, the type-1 ECG pattern, fever risk, and ICD.
- [Mayo Clinic — Brugada Syndrome](#) [Clinical]
Patient overview of symptoms, sodium-channel genetics, drug/fever triggers, and treatment.
- [2017 AHA/ACC/HRS Guideline for Ventricular Arrhythmias and Prevention of SCD](#) [Guideline]
Guideline framing for Brugada risk stratification and ICD indications (Class I ICD for aborted arrest or spontaneous sustained VT).
- [MedlinePlus Genetics — Brugada Syndrome](#) [Clinical]
NIH/NLM patient explainer of SCN5A genetics and family screening.
- [2022 ESC Guidelines for Ventricular Arrhythmias and Prevention of Sudden Cardiac Death](#) [Guideline]
European guideline framing: diagnostic criteria (spontaneous type-1 pattern), risk markers (syncope, spontaneous pattern), and ICD/quinidine recommendations.
- [BrugadaDrugs.org — Drugs to Avoid in Brugada Syndrome](#) [Clinical]
The reference list of medicines to avoid (and to use with caution) in Brugada syndrome — the resource patients should carry and check before any new prescription.
- [StatPearls — Brugada Syndrome](#) [Review]
Open-access clinical reference for mechanism (loss of sodium-channel function), ECG types, triggers (fever, sodium-channel blockers, alcohol, large meals), and management.
- [Clinical Management of Brugada Syndrome \(Circ Arrhythm Electrophysiol. 2024\)](#) [Review]
Recent state-of-the-art review of risk stratification, ICD decision-making, quinidine, and epicardial substrate ablation.
- [Epicardial RFA for Recurrent Ventricular Arrhythmia in Brugada Syndrome — Systematic Review and Meta-Analysis](#) [Research]
Evidence that epicardial substrate ablation of the right-ventricular outflow tract markedly reduces recurrent ventricular arrhythmias and ICD shocks in high-risk Brugada patients.



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About This Guide

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Reviewer note: Reviewed against the Cleveland Clinic, Mayo Clinic, and MedlinePlus Brugada pages. This guide adds a normal-versus-type-1 ECG picture. It adds a heart diagram that shows where the trouble sits. It adds a tinted trigger table, a three-tier risk card stack, a fever callout, and a drug-safety warning tied to BrugadaDrugs.org. It adds family-screening steps and a full bystander block.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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