INHERITA	BLE MON	OGENIC C	HANNELOPATIC	ARRHY	TMIC SYNE	ROME	S
ECG	Variant	Gene Mutation	Protein	Locus	Channel on chromosome	омім но	
		Congenital	Long QT Syndrome	e (LQTS)			
Broad base T wave. Paradoxical prolongation of the QT interval with infusion of epinephrine	LQT1 Frequency 30-35%	α subunit of the slow delayed rectifier potassium channel (KvLQT1 or KCNQ1)	KvLQT1	11p15.5.	Slow delayed rectifier potassium I _{ks} Potassium (I _{ks})	192500	
Low-amplitude with a notched, bifurcated alternant, biphasic or bifid T appearance due to a very significant slowing of repolarization. KCNH2 on L413P and L559H mutations are associated with bifid T wave Long. QTc > 470ms affected QTc = 450ms to 470ms considered border line QTc < 450ms non affected. With significant dynamic changes during heart rate variations or on exertion	LQT2 Frequency 25-30%	KCNH2	(HERG + MiRP1) human ether- a-go-go related gene HERG	7q35q36	Rapid delayed rectifier potassium <i>I</i> _{kr} α subunit of the rapid delayed rectifier potassium channel Potassium (I _{Kr})	152.427	A
ECG ST segment prolongation and	LQT3	SCN5A	hH1 and Na _v 1.5	3, 3p 21-24	I _{Na} ⁺ Prolonged I _{Na} ⁺ influx	600163	1
late T wave.	Frequency 5-10%				in phase 2, plateau or dome		
Not defined	LQT4	KCNJ2	ANK2, ANKB	4q25-27	Sodium, potassium	600919	-

					and calcium		
Not defined	LQT5	KCNE1	minK		K⁺ Efflux	176261	A
Not defined	LQT6 Frequency rare	KCNE2 MiRP1	MiRP1			603796	
Modest prolongation of QT interval, prominent U wave, frequent PVCs, PVT, bidirectional VT.	LQT7 Andersen Tawil-syndrome Frequency rare	KCNJ2	Kir2.1	I _{k1}	Reduction Great reduction in I _{k1} result in the generation of spontaneous APs that are triggered by Na*-Ca²+ exchangers.	170390	A
Fetal bradycardia, remarkably prolonged QT interval often >550 to 600ms, ST prolongation, 2:1 functional AV block(85%), Twave macoralternance(63%) VT	LQT8 Timothy's syndrome: syndactyly(98%), bald at bird,flat nasal bridge, small upper jaw(94%), autism, recurrent infections(53%), hypoglycemia(20%) Frequency rare	CACNA1C.Ca _v 1.2	Cav1.2	12p13.3	LTCC Prolonged Ca ²⁺ influx.during phase 2	601008	A or Af
ECG: prolonged QT interval and PVT (TdP)	LQT9 Frequency rare	CAV3	Caveolin-3.An integral membrane protein in trans-Golgi-derived vesicles.	3p25	Prolonged Na ⁺ influx Late sodium current of the cardiac sodium channel in phase 2	611818	A[
ECG: long isoelectric ST segment,	LQT10 Frequency	SCN4B	Na⁺ channel beta4 subunit	11q23	Prolonged Na⁺influx	611819	A

late-onset T wave, and 2:1 AV block	Extremely rare, found in 1 family						
ECG: prolonged QT interval and PVT (TdP)	LQT11	AKAP9	Yotiao	7q21-q22	I _{ks}	611820	А
Not defined	LQT12	SNTA1	α-syntrophin	22q11.2	I _{Na+}	601017	Α
ECG: markedly prolonged QT interval (corrected QT = 520 ms).	LQT13	KCNJ5	Kir3.4	11q24	Ikacth Ik1	613485	Α
ECG: Bradycardia, very prolonged QTc interval (> 550 ms),	JLN1	KCNQ1	KvLQT1	11p15.5	Slow delayed rectifier potassium lks	220400	A
symptomatic at presentation, younger age at presentation (<1 month) and frequently documented VF. Associated with central deafness (cardioauditory syndrome).	JLN2	KCNE1	minK	21q22.1-q22.2	Slow delayed rectifier potassium Iks	612347	А
	Co	ngenital	Short QT Syndrom	ne (SQTS)			
Frequent AF, T waves: Tall peaked, pointed, narrow and symmetrical. QT Interval: Constant and uniform very short QT and QTc interval. ≤ 280 ms and ≤ 300 ms respectively. Without significant dynamic changes during heart rate variations or on exertion.	SQTS1	KCNH2	human ether-a-go-go related gene HERG	7q35-q36	I _{kr}	609620	A

U Wave: Normal. Stress Testing: A slight reduction of

physiological increase in heart							
rate.							
Similar to SQT1	SQTS2	KCNQ1	KvLQT1	11p15.5	l _{ks}	609621	
Similar to SQT1	SQTS3	KCNJ2	Kir 2.1	17q21.1-q36	I _{k1}	#609622	
ECG: QT Interval between 330 to 370, short ST segment + BrS pattern after procainamide challenge	Overlap Syndrome SQTS + BrS	CACNB2b	α1 (CACNA1C) and β (CACNB2b) subunits of the L- type cardiac calcium channel	10p12.33	L-type Calcium Current LTCC	600003	
ECG:	BrS1	Bruga SCN5A	ada Syndrome (Br	S)	I _{Na}	601144	<u> </u>
ECG: P wave duration prolongation	BrS1 BrS2			S)	I _{Na}	601144	
		SCN5A GPD1L CACNA1C.Ca _v		S) 12p13.3		+	
P wave duration prolongation together with PR and QRS duration prolongation are integrant of depolarization	BrS2 BrS3	SCN5A GPD1L CACNA1C.Ca _v 1.2		12p13.3	I _{Na} LTCC	611778 114205	,
P wave duration prolongation together with PR and QRS duration prolongation are integrant of depolarization bnormalities. First-degree AV	BrS2 BrS3 BrS4	SCN5A GPD1L CACNA1C.Ca 1.2 CACNB2b	Na _∨ 1.5	12p13.3	I _{Na} LTCC	611778 114205 600003	
P wave duration prolongation together with PR and QRS duration prolongation are integrant of depolarization abnormalities. First-degree AV block is observed in ≈ 50% of	BrS2 BrS3 BrS4 BrS5	SCN5A GPD1L CACNA1C.Ca _v 1.2 CACNB2b SCN1B		12p13.3	I _{Na} LTCC	611778 114205 600003 604433	,
P wave duration prolongation together with PR and QRS duration prolongation are integrant of depolarization abnormalities. First-degree AV block is observed in ≈ 50% of cases of BrS mainly in presence of SCN5 mutation. Type 1: J point and ST	BrS2 BrS3 BrS4	SCN5A GPD1L CACNA1C.Ca 1.2 CACNB2b	Na _∨ 1.5	12p13.3	I _{Na} LTCC	611778 114205 600003	
P wave duration prolongation together with PR and QRS duration prolongation are integrant of depolarization abnormalities. First-degree AV block is observed in ≈ 50% of cases of BrS mainly in presence of SCN5 mutation.	BrS2 BrS3 BrS4 BrS5	SCN5A GPD1L CACNA1C.Ca _v 1.2 CACNB2b SCN1B	Na _∨ 1.5	12p13.3	I _{Na} LTCC LTCC I _{Na} I _{to} transient outward	611778 114205 600003 604433	

the QT interval during

rarely MVT.							
		Idiopathi	c Ventricular Fibri	llation			
	VENTRICULAR FIBRILLATION, PAROXYSMAL FAMILIAL, 1 VF1	SCN5A	Na _∨ 1.5	3p21.	I _{Na}	600193	A
rapid PVT PVCs with very short coupling intervals. The PVC (302 +/- 52 msec) within 40 msec of the peak of the preceding Absence of T wave. Pause-dependent	VENTRICULAR FIBRILLATION, PAROXYSMAL FAMILIAL, 2 VF2	DPP6	Dipeptidyl aminopeptidase-like protein 6	<u>7q26.</u>	Voltage-gated potassium channels	126141	A
	IVF	Akyrin-B mutation	ANK2	4q25-q27	The Na+/K+ ATPase, the voltage gated Na+ channel and the Na+/Ca2+ exchanger.	106410	A
	IVF	KCNJ8	K _{ir} 6.1 protein the K(ATP) channel	<u>12p11.23</u>	inward-rectifier type potassium channel. K _{ir} 6.1,	600935	Α
		Cardia	c Conduction Dise	ase			
Incomplete or complete RBBB, LBBB, LAFB, LPFB, Complete AV block, prolonged intraventricular conduction time.	Progressive Familial heart block, type I, included; PFHB1, 'hereditary bundle branch defect'	TRPM4	Trpm4	19q13.2-q13.3	Uncertain	113900	A

(HBBD).

ECG BBB, VT, AVB, BrS type 1, LQT3	Progressive familial heart block type II (PFHBII) associated	SCN5A	Na _v 1.5	3p21 And 1q32.2-q32.3.	I _{Na}	
	with DCM,					
	CCD3	Unknown	NA	16q23-q24	NA	
	CCD4	unknown	NA	1q32.2-q32.3	NA	
	Progressive	Cardiac C	onduction Defect	Susceptibil	ity Gene	
	Timothy Syndrome	CACNAC1C	Ca _v 1.2, L-type calcium channel	_		
	Atrial Standstill	GJAS	Connexins			
	Myotonic dystrophy 1	DAMPK	Serine-threonine protein kinase			
	SSS	HCN4	Pacemaker I _f channel			
	LQT2, SQT1	KCNH2	I _{Kr}			
	Andersen-Tawil syndrome, SQT3, CPVT	KCNJ2	Kir2.1 channel			
	Danon Disease	LAMP2	Lysosomal-associated membrane protein 2			
	Emery-Dreifuss and limb-girdle muscular dystrophy, Werner's syndrome, Charcot-Marie-Tooth syndrome type 2	LMNA	Lamin A/C			
	Atrial Septal defect, tetralogy of Fallot	NKX2.5	Homeobox transcription factor			
	Glycogen storage disease	PRKAG2	AMPK 02 subunit			
	LQT3, Brugada syndrome type 1, PCCD	SCN5A	Na _√ 1.5 channel			
	Holt-Oram Disease	TBX5	T-box transcription factor			

			CPVT				
Stress-induced PVT , Bidirectional VT.	CPVT1	RyR2 Cardiac Ryanodine Receptor	Ryanodine receptor Ryr Tetrameric protein	1q42.1-q43	Abnormal diastolic Ca ⁺² release from sarcoplasmatic reticulumfacilitating the delopment of afterdepolarization and triggered activity.	180902	A
	CPVT2 3%	CASQ2 Calsequestrin	Casq2 Calsequestrin	1p23.21	NA	114251	Α
QT interval prolongation 485ms	CPVT3	Unknown		7p14-22			Α
		CPVT-	Related Phenotyp	es			
QT prolongation, stress- induced bidirectional VT	LQT4	ANK2		4q25-26		600919	1
U waves, bidirectional VT	ATS	KCNJ2		17q23.1-q24.2		601379	1
Stress-induced VT	CPVT/DCM	RYR2		1q42-43		180902	1
		Sick S	inus Syndrome (S	SS)			
	SSS1	SCN5A	Na _v 1.5	3p21	l _{Na} ⁺		
	SSS2	HCN4	Hcn4	15q24-q25	I _f		
		Famil	ial Atrial Fibrillati	on			
ECG: chronic AF and paroxysmal FA	AF, Familial 1	ATFB1	Slow voltage-gated potassium channel alpha subunit	10q22-q24	I _{ks}	%608583	<i>F</i>
	AF, Familial 2	ATFB2	Cardiac sodium channel alpha subunit (Nav 1.5)	6q14-q16	I _{Na}	608988	F
	AF, Familial 3	ATFB3 KCNQ1	Potassium voltage-gated channel, <i>I</i> _{ks} -related family, member 2	11p15.5	Potassium voltage- gated channel I _{Ks}	607542	<i>F</i>
	AF, Familial 4	KCNE2	minK-related peptide-1	21q22.12	Potassium voltage- gated channel	603796	

A	F, Familial 5	ATFB5	ankyrinB	4q25	First non-ion channel	611494	
					involved in LQTS		—
A	F, Familial 6	ATFB6	NPPA	1p36.2	Non-ion channel	108780	/
A	F, Familial 7	ATFB7 KCNA5	Potassium channel protein	12p13	Potassium voltage-	176267	7
					gated channel		
A	F, Familial 8	ATFB 8		16q22		613055	
Cardio	pembolic Stroke						

Sudden Infant Death Syndrome (SIDS)

Is the sudden unexpected death of an infant before the age of 1 yo for which no cause is apparent. Incidence: 0.1 to 2 infants per 1000 live births.

With the peak incidence between the ages of 2 and 5 months.

MELAS SYNDROME which stands for mitochondrial myopathy, encephalopathy, lactic acidosis, and stroke	MTTL1	TRANSFER RNA, MITOCHONDRIAL, LEUCINE		272120
	MTND1	NADH-UBIQUINONE OXIDOREDUCTASE		516000
	SCN5A			
SQTS	KCNQ1		I _{Ks}	
LQTS	CAV3			
	SLC6A4			182138
	GPD1L			
	KCNH2		I _{Kr}	
	KCNE2		I _{Na}	
	RYR2			

AD: autosomal dominant or AR: autosomal recessive.; AVB: Atrioventricular Block BrS: Brugada Syndrome; CCD: Cardiac Conduction Disease, Progressive Cardiac Conduction Disease (PCCD) or Lenègre disease; CE: Current Effect.; CPVT: Catecholaminergic Polymorphic Ventricular Tachycardia.; G: Gain GIFtS: Gene Cards Inferred Functionality Scores (GIFtS) Gene Cards Inferred Functionality Scores.; HCN: hyperpolarization activated cyclic nucleotide-gated potassium channel/ potassium/sodium hyperpolarization-activated cyclic nucleotide-gated channel; HERG: the human Ether-à-go-go Related Gene IP: Inheritance Pattern: IVF: Idiopathic Ventricular Fibrillation.; L: Loss.; LQTS: Long QT Syndrome.; LTCC: L-type Calcium Channel; OMIM ® Online Mendelian Inheritance in Man ® . OMIM is a comprehensive, authoritative, and timely compendium of human genes and genetic phenotypes. The full-text, referenced overviews in OMIM contain information on all known mendelian disorders and over 12,000 genes.

OMIM focuses on the relationship between phenotype and genotype. It is updated daily, and the entries contain copious links to other genetics resources. This database was initiated in the early 1960s by Dr. Victor A. McKusick as a catalog of mendelian traits and disorders, entitled Mendelian Inheritance in Man (MIM). Twelve book editions of MIM were published between 1966 and 1998. The online version, OMIM, was created in 1985 by a collaboration between the National Library of Medicine and the William H. Welch Medical Library at Johns Hopkins. It was made generally available on the internet starting in 1987. In 1995, OMIM was developed for the World Wide Web by NCBI, the National Center for Biotechnology Information. OMIM is authored and edited at the McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University School of Medicine, under the direction of Dr. Ada Hamosh.; **PVT**: Polymorphci Ventricular Tachycardia.; **SCN5A**: "sodium channel, voltage-gated, type V, alpha subunit." **SIDS:** Sudden Infant Death Syndrome **SQTS:** Short QT Syndrome.; **SSS:** Sick Sinus Syndrome; **VF1** and **VF2:** Paroxysmal Familial Ventricular Fibrillation.