**Introduction** : The coexistence of sinus node disease (SND) and Brugada syndrome (BS) raises diagnostic and therapeutic dilemmas in symptomatic subjects, particularly if SND is the initial diagnosis.

**Methods** : A 40 years-old man came to our hospital with a chief complain of lightheadedness and palpitation since early 2017. He doesn't have history of sudden cardiac death on his family member. Electrocardiographic showed sinus rhythm with pronounced elevation of the J point, a coved-type ST segment, and an inverted T wave in V1 and V2. Coronary angiography revealed no significant stenosis of the coronary artery. Implantable loop recorder (ILR) was implanted and showed sinus pause for more than 7 seconds, paroxysmal atrial fibrillation and non-sustained monomorphic ventricular tachycardia (VT) without clear symptom related. Implantation of dual chamber pacemaker was choosen rather than ICD in this patient with careful observation at an outpatient clinic.

**Result** : There has been not sufficient clinical evidence whether SND or SSS is a risk factor for future ventricular arrhythmic events in BS. Implantation of an ICD is only first-line therapy for symptomatic BS

**Conclusion** : There has been not sufficient clinical evidence whether SND or SSS is a risk factor for future ventricular arrhythmic events in BS. Implantation of an ICD is only first-line therapy for symptomatic BS