In long QT syndrome (LQTS), feminine shows the next risk of a viscous event compared with a male in previous studies. However, the important nature regarding the distinction between male and feminine continues to be lacking. During this investigation, we have a tendency to wanted to comprehensively compare the genotype-phenotype correlation between sexes in genotyped LQTS patients. We have a tendency to listed 903 innate LQTS cases from 6 registered centers (65.8% females; seventy two.9% probands; average ages at identification, 21.8/7.8 y/o). Participants provided written consent, and clinical characteristics were recorded. All patients underwent a minimum of LQT1-3 factor screening. Seventeen rumored LQTS and different heritable cardiopathy candidate genes were sequenced with next-generation sequencing (NGS) in 306 (51%) cases. Major viscous events (MCE) were outlined as (aborted) fulminant viscous death, and/or documented malignant arrhythmias. viscous symptom includes syncope and MCE. Multiple factors determined the QTc and repolarization reserve may have an effect on the clinical manifestation and eventually incline viscous events in LQTS patients. The gender distinction in QTc is perhaps caused by hormone, particularly higher level of androgen once pubescence. throughout the oscillation, pregnancy, postnatal amount, or climacteric, QTc and risk of viscous events considerably fluctuate in females. Nonetheless, the result of gender and its underlying genetic dominators on QTc and clinical consequences continues to be undetermined, and also the kind of alteration could facilitate to additional distinguish the unsound LQTS subgroups, particularly within the feminine, though our result’s deduced from patients collected by multiple international centers, and it includes the most important Chinese and Mexican LQTS cohort far and away, it’s going to not be generalizable to LQTS of all ethnicities, as a result of we’ve got restricted access to Black or African. Finally, this study consistently reports the gender variations of genotype-phenotype correlation in LQTS patients, that provides additional steering on risk stratification and preciseness intervention. Additional studies square measure bonded to decipher the distinctive gender code and to enhance outcomes of LQTS patients. The genotype–phenotype distinction is drawn in genetic science. "Genotype" is Associate in Nursing organism’s full hereditary info. "Phenotype" is Associate in Nursing organism’s actual determined properties, like morphology, development, or behavior. This distinction is key within the study of inheritance of traits and their evolution. The 2 terms square measure usually used at a similar time to explain a similar organism, however there’s a distinction between genotype and phenotype: Associate in Nursing organism’s genotype is that the set of genes in its DNA accountable for a selected attribute. Associate in Nursing organism’s constitution is that the physical expression of these genes. During a broad sense, the term “genotype” refers to the genetic makeup of Associate in Nursing organism; in different words, it describes Associate in Nursing organism’s complete set of genes. ... every combine of alleles represents the genotype of a particular factor. As an example, in sweet pea plants, the factor for flower color has 2 alleles. Associate in Nursing organism’s genotype is its specific combination of alleles for a given factor. So, as an example, within the pea plants on top of, the double genotypes for the flower-color factor were red-red, red-white, and white-white. The constitution is that the physical manifestation of Associate in Nursing organism’s allellic combination (genotype).