

Syncope



Syncope

- Syncope – a transient loss of consciousness with a loss of postural tone caused by a brief global reduction of cerebral blood flow
 - Causes - cardiac, neurologic, vascular, and psychiatric

Clinical Manifestations of Syncope

- “Dizziness”, visual changes “greying out”
 - mental clouding – deafness – nausea – loss of postural tone
- Myoclonus – “jerking”
- Rapid recovery of consciousness .
- No focal neurologic before or after event

Causes of Syncope

- Cardiovascular –

- Decreased preload – hypovolemia/hemorrhage, Valsalva manuever
- Dysrhythmia -
 - Bradycardia - asystole, carotid sinus hypersensitivity, micturition, defecation
 - Tachycardia - supraventricular or ventricular

Causes of Syncope

- Cardiovascular (cont'd)
 - Flow obstruction – pulmonary embolism, pulmonary hypertension, aortic stenosis, idiopathic hypertrophic subaortic stenosis, valve disease
 - Tamponade
 - Anemia

Causes of Syncope

- Neurologic

- Neurocardiogenic syncope –

- Vasovagal syncope

- Autonomic insufficiency

- Medications – alpha and beta blockers
- Peripheral neuropathy – diabetes,
- Adrenal insufficiency
- Prolonged bedrest

Causes of Syncope

Neurologic - (cont'd)

- Increased intracranial pressure – SAH, obstructive hydrocephalus, venous sinus occlusion
- Vertebral artery disease – dissection with embolus, subclavian steal
- Hyperventilation

Symptoms of Autonomic Insufficiency

- Orthostatic hypotension
 - “dizzy” with change in position
- Dry mouth
- Constipation or obstipation
- Impotence
- Blurred vision

Syncope Workup

- History and physical
- BP in both arms
- BP lying, sitting and standing
- ECG, cardiac event monitor
- Rarely EEG
- MRI and CT of little use if neuro exam is normal

Syncope Treatment

- Cardiac – pacemaker, medication if low CO, defibrillator
- Removal of some medications
- Treatment of vascular disease
- Autonomic insufficiency – NaCl, midodrine,