

Syncope With Structural Heart Disease

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Syncope is defined as a sudden transient loss of consciousness accompanied by a loss of postural tone which is followed by spontaneous recovery. No cardiopulmonary resuscitation is needed. Syncope is a common condition and in most cases, there are benign. But when structural heart diseases cause loss of consciousness (LOC), they should be considered dangerous.

The cause of syncope heterogeneous and vary with age. Neurocardiogenic syncope is most common in a patient under the age of 40 years which has a favorable prognosis. In the patients over the age of 40 years, cardiac mechanical causes such as heart failure and aortic stenosis are increasing. The presence of structural heart disease increases the likelihood of a serious cause of syncope such as malignant ventricular arrhythmias.

Common structural heart diseases causing syncope are ischemic heart disease, nonischemic dilated cardiomyopathy, aortic stenosis, hypertrophic cardiomyopathy or arrhythmogenic right ventricular cardiomyopathy. Less commonly, myocarditis, acute pulmonary embolism, cardiac tamponade, aortic dissection, atrial myxoma or severe pulmonary hypertension could be possible causes of LOC. Electrocardiography and chest radiograph are basic medical tests and echocardiography is mandatory to diagnose structural heart diseases.

A diagnosis of cardiac cause of syncope has important prognostic implications. Studies comparing mortality after syncope have shown that patients with a cardiac cause have a higher mortality than those with a noncardiac cause. In a largest such study of over 400 patients with a follow-up of more than 60 months, the mortality rate during follow-up was 50% in patients with a cardiac cause compared with rates of 31% and 24%, respectively, in those with a noncardiac or unknown cause.

References

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