ISSN: 2634 - 680X

Journal of Clinical Case Studies Reviews & Reports

SCIENTIFIC Research and Community

Conference Proceedings

Open Access

A Strange Case of Syncope

Damiani Tripolino Angelo Floriano*, Fabiani Irma, Boccia Giovanna, Ferrante Carmela, Squitieri Battista and Enea Iolanda

Internal Medicine Unit, Maddaloni Hospital – Caserta Local Health Authority, Italy

***Corresponding author**
Damiani Tripolino Angelo Floriano, Internal Medicine Unit, Maddaloni Hospital Caserta Local Health Authority, Italy.

Received: November 02, 2025; **Accepted:** November 10, 2025; **Published:** November 20, 2025

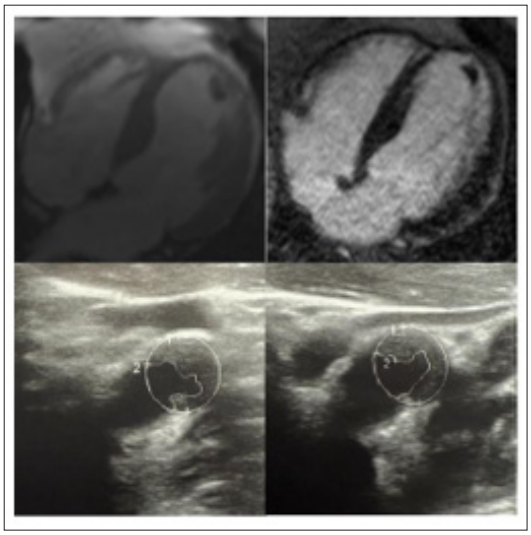
Introduction

Syncope is characterized by a transient loss of consciousness occurring because of a self-limited and spontaneously terminating period of global cerebral hypoperfusion. Fainting, in an alcoholic, can be caused by several factors related to alcohol abuse, including heart problems, dehydration, hypoglycemia, or alcohol withdrawal syndrome [1].

Clinical Case

A 60-year-old man was admitted from the emergency room with a diagnosis of recurrent syncope in a patient with a history of alcohol abuse. After a more detailed anamnesis, the patient denied recent alcohol abuse. In his medical history: obesity, hypertension, type II diabetes mellitus in decompensation, diabetic polyneuropathy, previous hospitalization for loss of consciousness attributed to a probable "tonic-clonic seizure in a non-epileptic patient", essential tremor. In the emergency room, a cranial CT scan was performed, negative for acute episodes. On admission the patient was haemodynamically stable, blood tests showed hyperglycemia, hypercholesterolemia (table 1). The following were performed: ECG Holter (absence of noteworthy arrhythmic episodes); echocolordoppler of the supra-aortic trunks (right ICA 65% stenosis); echocardiogram (apical hyperechogenic oval formation of approximately 1 cm, in the absence of angina symptoms or confirmed previous ischemic episodes). Warfarin and clopidogrel therapy was started and lipid-lowering and hypoglycemic therapy was optimized while awaiting evaluation with cardiac MRI, which showed "outcomes of anteroseptal transmural ischemia and fibrocalcific blood clot in the apical area".

Laboratory tests	
Hemoglobin	15,7 gr/dL [14,0 – 17,5]
Glycated hemoglobin	7,91 % [4,00 – 6,00]
Creatinine	0,81 mg/dL [0,67 – 1,20]
Folic acid	> 24 ng/mL [5,2 – 20]
Vitamin B12	608 pg/mL [200 – 1100]
Homocysteine	31,8 umol/L [6,26 – 15,01]
Total cholesterol	297 mg/dL [30 – 200]
HDL cholesterol	54 mg/dL [35 – 120]
LDL cholesterol	200 mg/dL [< 135]
Triglycerides	280 mg/dL [< 200]
Troponin I	< 0,100 ng/ml [0,00 – 0,16]



Conclusions

Syncope may involve multiple etiologies operating simultaneously.

The multiple syncopal episodes, initially related to a history of potus and diabetic neuropathy, were later diagnosed as having atherosclerotic vascular and cardiac etiology, in the context of the progression of metabolic syndrome. Antiplatelet and anticoagulant therapy, along with adequate statin and hypoglycemic therapy, were set. The patient is undergoing follow-up at our center, awaiting hemodynamic evaluation.

References

1. David G Benditt, Artur Fedorowski, Richard Sutton, J Gert van Dijk (2025) Pathophysiology of syncope: current concepts and their development. Physiol Rev 105: 209-266.

Citation: Damiani Tripolino Angelo Floriano, Fabiani Irma, Boccia Giovanna, Ferrante Carmela, Squitieri Battista , et al. (2025) A Strange Case of Syncope. Journal of Clinical Case Studies Reviews & Reports. SRC/JCCSR-E149. DOI: doi.org/10.47363/JCCSR/S2/2025(7)386