

Case Report: Syncope or Epilepsy?

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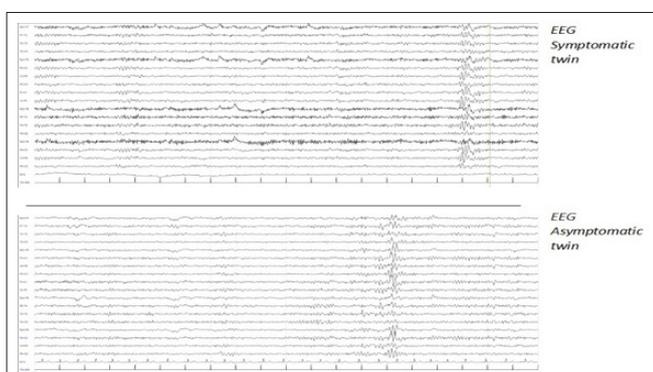
Background: Syncope is defined as Transient Loss of Consciousness (TLOC) due to cerebral hypoperfusion, characterized by rapid onset, short duration and spontaneous complete recovery. Epilepsy and syncope may evoke one another on rare occasions, resulting in epileptic seizures triggering syncope as well as syncope triggering an epileptic seizure. Sometimes differential diagnosis is difficult; clinicians rely on diagnostic tools available to reach the most likely diagnosis.

Case History: TLOC preceded by prodromes and associated with brief convulsions in woman, 16 y.o., in apparent good health. She was admitted to the Internal Medicine department in Polla where she underwent blood tests, ECG and other cardiac tests, resulted negative while basal EEG and EEG after sleep deprivation show anomalies with epileptic discharges. It was compared with that of the patient's homozygous twin who had never had episodes of TLOC, resulting in the same EEG anomalies.

Discussion: EEG has low diagnostic role in syncope, about 0.5-2% of healthy young patients have electroencephalographic abnormalities. Incomplete history taking and over-interpretation of EEG were the main causes of misdiagnosis. Given high concordance between homozygous twins to show epileptic crisis and the absence of symptoms in patient's homozygous twin, the case was interpreted as a vasovagal syncope [1, 2].

References

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2. Chowdhury FA, Nashef L, Elwes RDC (2008) Misdiagnosis in epilepsy: a review and recognition of diagnostic uncertainty. *European Journal of Neurology* 15: 1034-1042.



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