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Typical syncope, atypical diagnosis

We present a 62-year female with history of hypertension, who presented with recurrent multiple syncopal episodes. The patient has had full syncope-with loss of consciousness, multiple times at work and during relaxing activities. Patient would have no pre-syncopal aura and would find herself on the floor every time. A full neurologic evaluation was negative. On presentation, the patient had a physical exam positive for left arm BP 180/120 and right arm BP 120/80. Her ECG showed normal sinus rhythm, 61 bpm, no abnormalities. Her echocardiogram showed a normal ejection fraction of 60%, with trace mitral regurgitation. A previously placed implantable loop recorder showed no evidence of arrhythmia, even during the syncopal episodes. At this point, the differential diagnosis was widened and a CT angiogram of the chest and neck was ordered. The CT showed a hemodynamically significant blockage between the right carotid artery and the right vertebral artery. There was also delayed contrast filling the distal right subclavian artery. This constellation of findings is consistent with the diagnosis of subclavian steal syndrome (SSS). A vascular surgery and interventional cardiology consults were ordered, and a definitive treatment plan will be based on a team approach to this patient.

Biography

Cesare Saponieri has been an active Electrophysiologist for the last 25 years in Brooklyn, NY. He has completed his research on Sudden Cardiac Death, has published many articles and presented at many international conferences. He also has an active private practice and thousands of patients who call him their doctor.

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