5-31-2017

Echocardiography role in syncope Patients

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INTRODUCTION

Syncope is a symptom complex comprising of a brief loss of consciousness associated with an inability to maintain postural tone, because of a transitory decrease in cerebral blood flow, that resolves completely and necessitates no resuscitation.
It accounts for 3% of emergency department (ED) visits and 1% to 6% of all hospital admissions[2]. The prevalence of syncope is about 42%, considering a lifetime of 70 years.

METHODS

We did a retrospective chart review of 138 patients admitted to observation floor with diagnosis of syncope.

POPULATION DEMOGRAPHICS AND RSIK FACTORS

Variable	%
Male (%)	42
Females	58
Age > 65	80
Risk factors	%
HTN	63
DM	15
Prior MI	10
Prior PCI	8.69
CKD	10.8
CVA	7.98
PVD	4.34
Anemia	5.07
Prior syncope	6.52
EKG normal	89.85
Physical examination normal	83
LV EF < 50%	5.1
Length of Hospital Stay	
<12 hours	11.59
12-24 hours	29.71
24-48 hours	52.89
> 48 hours	5.7
Valvular Heart disease (AS)	9.4
Orthostasis +ve	12.3

DISCUSSION

Echocardiography (ECHO) is widely used as a screening tool to rule out structural or valvular heart disease in patients presenting with syncope.
Out of 17 % of patients who had abnormal findings on physical exam, echocardiography was a useful in 9 % people for detection of valvular heart disease and 5% had low EF < 50%.
Length of stay and health care costs was increased in patients admitted over the weekends waiting for ECHO.

CONCLUSION

Echocardiography is a useful tool is differentiating high risk syncope patients and detecting valvular heart diseases only in patients with abnormal exam or concerning EKG findings.

REFERENCES

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