CLINICAL SNAPSHOT

Seizure or Syncope?

A 26-year-old man collapsed in his home. His mother found him with “twitching limbs” and then “unconscious,” and initiated chest compressions. On arrival of the emergency medical team, he was awake and oriented, with normal vital signs and blood sugar. There was no evidence of a tongue bite or urinary incontinence. An ECG taken in the emergency room revealed right bundle

12-channel ECG after an ajmaline test (speed 25 mm/sec, amplitude 10 mm/mV).

branch block in the V1 and V2 leads, with mild ST segment elevation. After an ajmaline challenge (1 mg/kg of ajmaline given intravenously over 10 minutes), typical saddle-shaped ST segment elevation emerged more clearly (*Figure*), establishing the diagnosis of Brugada syndrome. This is an ion channel disease comporting an elevated risk of sudden cardiac death. The patient declined the prophylactic implantation of an AICD for personal reasons (among them the need for frequent battery changes), and outpatient cardiological follow-up was recommended. In retrospect, the episode that brought him to the hospital was most likely a rhythmogenic syncope that at first resembled an epileptic seizure. As this case shows, syncope must be included in the differential diagnosis of epileptic seizures, and vice versa.

Dr. med. Olaf Krause, DIAKOVERE Henriettenstift Hannover, Zentrum für Medizin im Alter und Medizinische Hochschule Hannover, Institut für Allgemeinmedizin, krause.olaf@mh-hannover.de

Elisa Walle, Prof. Dr. med. Wolfram Terres, Allgemeines Krankenhaus Celle, Klinik für Kardiologie

Conflict of interest statement: The authors state that they have no conflict of interest.

Translated from the original German by Ethan Taub, M.D.

Cite this as: Krause O, Walle E, Terres W: Seizure or syncope? Dtsch Arztebl Int 2017; 114: 796. DOI: 10.3238/arztebl.2017.0796