

Conditions easily confused with Syncope

Epilepsy vs Syncope

| Clinical feature | Syncope | Epileptic seizures |
|---|---|--|
| Useful features | | |
| Presence of trigger | Very often | Rare |
| Nature of trigger | Differs between types: pain, standing, emotions for VVS; specific trigger for situational syncope; standing for OH | Flashing lights is best known; also range of rare triggers |
| Prodromes | Often presyncope (autonomic activation in reflex syncope, light-headedness in OH, palpitations in cardiac syncope) | Epileptic aura: repetitive, specific for each patient. Includes <i>déjà vu</i> . Rising sensation in the abdomen (epigastric aura) and/or an unusual unpleasant smell |
| Detailed characteristics of myoclonus | <ul style="list-style-type: none"> • <10, irregular in amplitude, asynchronous, asymmetrical • Starts after the onset of LOC | <ul style="list-style-type: none"> • 20–100, synchronous, symmetrical, hemilateral • The onset mostly coincides with LOC • Clear long-lasting automatisms as chewing or lip smacking at the mouth |
| Tongue bite | Rare, tip of tongue | Side of tongue (rarely bilateral) |
| Duration of restoration of consciousness | 10–30 seconds | May be many minutes |
| Confusion after attack | No understanding of situation for <10 seconds in most syncope, full alertness and awareness afterwards | Memory deficit, i.e. repeated questions without imprinting for many minutes |
| Features of limited utility | | |
| Incontinence | Not uncommon | Common |
| Presence of myoclonus (see below for nature of myoclonus) | Very often | ~60%, dependent on accuracy of observation |
| Eyes open during LOC | Frequent | Nearly always |
| Fatigue and sleep afterwards | Common, particularly in children | Very common |
| Blue face | Rare | Fairly often |
| LOC = loss of consciousness; OH = orthostatic hypotension; VVS = vasovagal syncope. | | |

Metabolic Disorders (hypoglycaemia, hypoxia, hypercarbia, intoxication etc.):

Prolonged LOC OR consciousness is impaired not lost. Normally requires treatment to reverse.

Falls without TLOC: No unresponsiveness or amnesia

Intracranial Bleeds: Consciousness may be progressively reduced, with headache and often neurological signs

Vertebrobasilar TIA: Always focal neurological signs and symptoms. TLOC is not common, if patient has TLOC it is often prolonged.

Carotid TIA: No TLOC and pronounced focal signs & symps.

Subclavian Steal: Associated with focal neurological signs

Psychogenic pseudosyncope (PPS): Duration of apparent LOC lasting many minutes to hours; high frequency, up to several times a day.

Cataplexy: Fall with flaccid paralysis and non-responsive, yet no amnesia