5/25/26 Mainstream Monday with @CPSolvers

"One life, so many dreams" **Case Presenter:** *Kevin (@allein.zu.haus)* **Case Discussants**: *Zakariyya Gardee (@) & Jas (@JasBajwa18)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Renzo)
CC: Transient loss of consciousness
HPI:
A 86 years old-female presents to the emergency department with transient loss of consciousness characterized by sudden onset, with weird (non well described) sensation in chest.
Presented with tachycardia 180. Received metoprolol and ajmaline [class Ia AA]. Denies prodromal symptoms.
Tachycardia treated with metoprolol, she converted spontaneously to sinus rhythm

Syncope, palpitations and increased HR

ROS:

PMH:

Meds:
Simvastatin
Apixaban
Torasemide
Amlodipine
Bisoprolol
Candesartan
Vit D
Mg

Fam Hx:

Social Hx:

Health-Related Behaviors:

Allergies:

Vitals: T: HR: BP: nl RR: Sat: BMI:
Exam:
CV: arrhythmic, tachycardic
Pulm: nl **Abd**: nl
Neuro: Oriented x 3. Different pupil size.
Extremities/skin: edema,

Notable Labs & Imaging:
Hematology:
WBC: Hgb: Plt: MCV:
Chemistry:
Na: K: Cl: HCO3: Cr: BUN: Glucose: 70 Ca: Mg:
AST: ALT: Alk-P: Bili: Albumin: Total Protein:
ESR: CRP: LDH:
VBG: Normal except Lac: 2.5

Imaging:
EKG:
First: HR 180. Rhythmic. ST depression in V4-V6 and T wave inversion in V5/V6
Final EKG: Alternating afib and atrial flutter plus sinus pause
CXR:
-
Echo:

Dx:

Problem Representation: An 86-year-old woman with intermittent palpitations presented with transient loss of consciousness and was found to have paroxysmal atrial fibrillation and atrial flutter with spontaneous conversion to sinus rhythm complicated by a sinus pause, concerning for tachy-brady syndrome (sinus node dysfunction) causing arrhythmia-related syncope.

Teaching Points (Hafsa)
TLOC; define if it is true loc, understand the context.
What is the etiology[vasovagal, orthostatic hypotension, cardiogenic syncope, hypoglycemia,stroke]

Identify any medical comorbidities that could predispose the patient to tachyarrhythmia [sinus tachycardia] less likely in duke the HR
In context of tachyarrhythmia; look ekg,telemetry,basic blood work,chemistries,identify any triggers,----if hemodynamically stable

Eliquis eludes towards towards to hx of stroke in the past, gdmt therapy and anti hypertensives could give clue towards the patient pmhx

Anisocoria; compression to a nerve [isolated localised lesion>systemic]
???? bleed could lead to the picture obtain head CT
Long standing hypertension> ??? afib with rapid ventricular response, treat as per ACLS if the trigger is known

EKG; obtain serial ecg to determine progressive changes, query subendocardial ischemia , demand ischemia, LVH strain [in this case especially in presence of chest pain obtain troponins]

Spontaneous conversion; get another ekg , lack of response to cardioversion query ie A flutter
If no trigger can be identified —> sick sinus syndrome [rule out other possible causes including sepsis,electrolytes, true structural causes like amyloidosis,valvulopathy]

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