

Syncope (Passing-Out Spells)

Loss of Consciousness clearly is not normal. However, episodes of “passing-out” or “syncope” may occur in healthy children without a serious cause. In fact, up to 75% of children who experience “syncope,” a cause is not found and spells generally go away over time. It is important, however, to evaluate the child with syncope to “rule-out” (make sure there is not) a serious or treatable medical condition. A review 108 children with “syncope” found autonomic causes predominate and in only 25% a cause was found: 11% migraines, 8% seizures, 6% cardiac arrhythmias (Pediatr Cardiol 1997;18:367). A review of 371 adults with syncope also found an association with epilepsy (which was previously considered rare): In people without previous convulsions and not on AED’s, they found a 5% rate of epileptiform abnormalities on the EEG (14 of 302 with LOC) Shintani S et al. J Neurol Sci 2001 Jan 1;182:129-135.

There are many other causes of syncope: autonomic dysfunction associated with growth and maturation (blood pressure is not adequately maintained) which usually gets better as a child ages; medical conditions (low glucose which is rare, anemia, anorexia, thyroid disorders, etc.); pain; hair brushing; sleep disorders (narcolepsy); pregnancy; substance abuse; emotional lability (to a stressful situation such as blood draws, seeing blood, etc.); and emotional disturbance (due to overwhelming social stressors).

It is, therefore, considered appropriate for children with syncope to undergo evaluation for some (or all) reasonable causes of syncope, including:

Seizures:	Routine EEG Long-Term Video EEG (hours to days)
Cardiac Causes:	Pediatric Cardiology evaluation EKG ECHO-cardiogram Tilt-Table Test
Anemia:	Blood count
Medical Conditions:	Chemistries, Thyroid studies, inflammation Pregnancy test, toxic substances
Narcolepsy:	Blood studies Polysomnograph (sleep study) MSLT (mean sleep latency test)

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