

SYNCOPE, POSTURAL BLOOD PRESSURE CHANGE AND BUNDLE BRANCH BLOCK: A CLINICAL CASE STUDY

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ABSTRACT

Syncope is a common clinical problem in clinical practice. Sometime, there might be complicated underlying problem. In this short article, the authors present case study of a patient with complaint of frequent syncope and palpitation. After investigation, the postural blood pressure change and bundle branch block was diagnosed.

KEYWORDS: Syncope, Postural, Blood Pressure, Bundle Branch Block.

INTRODUCTION

Syncope is a common clinical problem in clinical practice. Sometime, there might be complicated underlying problem. In this short article, the authors present case study of a patient with complaint of frequent syncope and palpitation. After investigation, the postural blood pressure change and bundle branch block was diagnosed.

CASE STUDY

The case is a 59 years old female who has underlying hypertension. The patient visited to the physician with the complaint of frequent syncope and palpitation in the past month. Her vital signs are within normal limit. The complete investigation was done and it revealed significant different blood pressure in different position (sitting, standing, laying down and bowing down). The electrocardiography investigation showed incomplete right bundle branch block with QT prolongation.

DISCUSSION

The postural blood pressure alteration is an important clinical problem [1-2]. The practitioner has to recognize this condition. In some serious case, the postural heart block might be observed [3-4]. The diagnosis requires good clinical history taking and investigation. As suggested by Seda et al, "*Orthostatic symptoms are usually presumed to be secondary to an inappropriate distribution of intravascular volume or to autonomic nervous system abnormalities [3]*" and "*Ambulatory monitoring may be useful in patients with orthostatic neurological symptoms, particularly when conduction abnormalities are present on the electrocardiogram [3].*"

CONSENT

The authors get the consent from the patient for presentation of the clinical case.

CONFLICT OF INTEREST: None

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