

1. Record Nr.	UNINA9910815126103321
Titolo	Syncope cases / / edited by Roberto Garcia-Civera ... [et al.]
Pubbl/distr/stampa	Malden, MA, : Blackwell Futura, 2006
ISBN	9786611320454 9781281320452 1281320455 9780470764800 0470764805 9780470995013 0470995017 9780470995006 0470995009
Edizione	[1st ed.]
Descrizione fisica	1 online resource (342 pages)
Altri autori (Persone)	Garcia-CiveraRoberto
Disciplina	616.047 616/047
Soggetti	Syncope (Pathology) Loss of consciousness
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Syncope Cases; Contents; Contributors; Foreword; Abbreviations; Part I Neurally mediated (reflex) syncope; Clinical presentation; 1 Vasovagal fainting in children and teenagers; 2 Typical vasovagal syncope (blood/injury phobia); 3 Reflex syncope in older adults; 4 Transient loss of consciousness with muscle jerks: syncope or epilepsy?; 5 Tilt- induced syncope: mixed response; 6 Tilt-induced syncope: cardioinhibitory response; 7 Tilt-induced syncope: purely vasodepressor response; 8 Tilt-induced syncope: dysautonomic response; 9 Tilt-induced syncope: chronotropic incompetence 10 Syncope and postural orthostatic tachycardia syndrome; 11 Electroencephalography recordings during syncope; 12 Psychogenic reaction during tilt-table testing; 13 Neuromediated syncope presenting as a paroxysmal atrioventricular block; 14 Multiple

manifestations of the cardioinhibitory mechanism detected during prolonged electrocardiographic monitoring; 15 Neuromediated syncope masquerading as unexplained falls; 16 Post-exercise vasovagal syncope; 17 Post-exercise neuromediated syncope; 18 Vasovagal syncope interrupting sleep; 19 Syncope during pregnancy 20 A pilot with vasovagal syncope: fit to fly?; 21 Recurrent syncope in a patient with no structural heart disease and a negative tilt-table test; 22 Swallow syncope associated with asystole; 23 Swallow syncope presenting with atrioventricular block; 24 Transient glossopharyngeal syncope; 25 Tussive syncope; 26 Laughter-induced syncope; 27 Syncope and the eye; Treatment; 28 Long-term follow-up of vasovagal syncope with a long asystolic pause; 29 Averting a vasovagal faint with a combination of leg crossing and muscle tensing; 30 Vasovagal syncope averted using arm-tensing maneuvers 31 Training patients in physical countermeasures using continuous on-screen blood-pressure monitoring; 32 Vasovagal syncope treated with tilt training; 33 Psychological treatment of malignant vasovagal syncope due to blood phobia; 34 Syncope relapse in a patient with cardioinhibitory neuromediated syncope treated with pacing; Carotid sinus syndrome; 35 Carotid sinus syndrome; 36 Carotid sinus hypersensitivity only during tilting; 37 Complex cardioinhibitory neurally mediated syncope; 38 Carotid hypersensitivity syndrome secondary to neck tumor 39 Syncope in a case of carotid body paraganglioma; 40 Recurrent syncope in a carotid sinus patient treated with a pacemaker; 41 Unexplained falls in older patients; Part II Orthostatic hypotension; 42 Initial orthostatic hypotension as a cause of syncope in an adolescent; 43 Initial orthostatic hypotension and syncope due to medications in a 60-year-old man; 44 Initial orthostatic hypotension induced by standing up from squatting; 45 Self-induced syncope: the fainting lark; 46 Self-diagnosis of orthostatic hypotension in a patient with autonomic failure; 47 Unexplained transient loss of consciousness in a 58-year-old man after Legionella pneumonia

Sommario/riassunto

This book presents a unique collection of clinical cases to help combat the difficulty of diagnosis and treatment of Syncope. Medical professionals using this book are provided with a reference to a large array of succinctly described and illustrated clinical scenarios. Each case is presented with the results of appropriate tests and critical comments about the evaluation, diagnosis and treatment according to guidelines. Syncope is considered a difficult diagnostic and treatment problem for all who work in the field.
