SÍNCOPE NA INFÂNCIA

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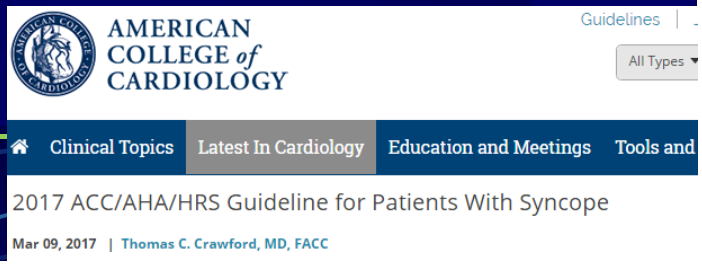
Síncope – Definição

- Perda súbita e transitória da consciência, associada à incapacidade de manutenção do "tônus" postural, de recuperação espontânea

  É a manifestação clínica da interrupção temporária de fluxo sanguíneo e oferta de oxigênio para o tecido cerebral.



CONSIDERAÇÕES

- Diagnóstico dado em 25% a 77% dos casos através da anamnese e exame físico
- Mais frequente no sexo feminino
- Pico maior entre 15 e 18 anos
- Incidência na infância126/100,000
- 15% das crianças normais vão apresentar a síncope antes dos 18 anos de idade

ETIOLOGIAS

- Neuromediada: 75 % mais frequente -reflexo de Bezold-Jarisch
- Psicogênica :

8%-15%

- Outras causas:
  desidratação
  Hipoglicemia
  Distúrbios metabólicos

Cardiopatias: CMH,EAo, HP,cianogênicas
Canalopatias:SQTL,SB, DAVD,WPW

Síncope – Suspeita clínica

Dados que sugerem causa cardíaca:

- Ocorre em posição supina
- Durante exercícios
- Precedida por palpitação
- Presença de cardiopatia severa
- Alterações no ECG:
- QRS largo (>0,12s),bradicardia sinusal (<50 bpm),pausas , QT longo ou curto

Síncope – Diagnóstico

Vasovagal: prescipitada por medo, dor severa, "stress", cateterismo, ortostase prolongada associada aos pródromos típicos

Situacional: ocorre durante ou imediatamente após urinar, defecar, tossir, engolir ou vomitar.

Ortostática: Existe a documentação de hipotensão arterial(queda da PA= 20 mmHg PAS < 90 mmHg).

Síncope devido a Arritmia Cardíaca: o ECG pode evidenciar: Bradicardia < 40 bpm, BSA, BAV MOBITZ II ou III grau ou pausa > 3 s. Alternância entre BRD e BRE,TPSV TV e Disfunção de marca-passo com pausas.

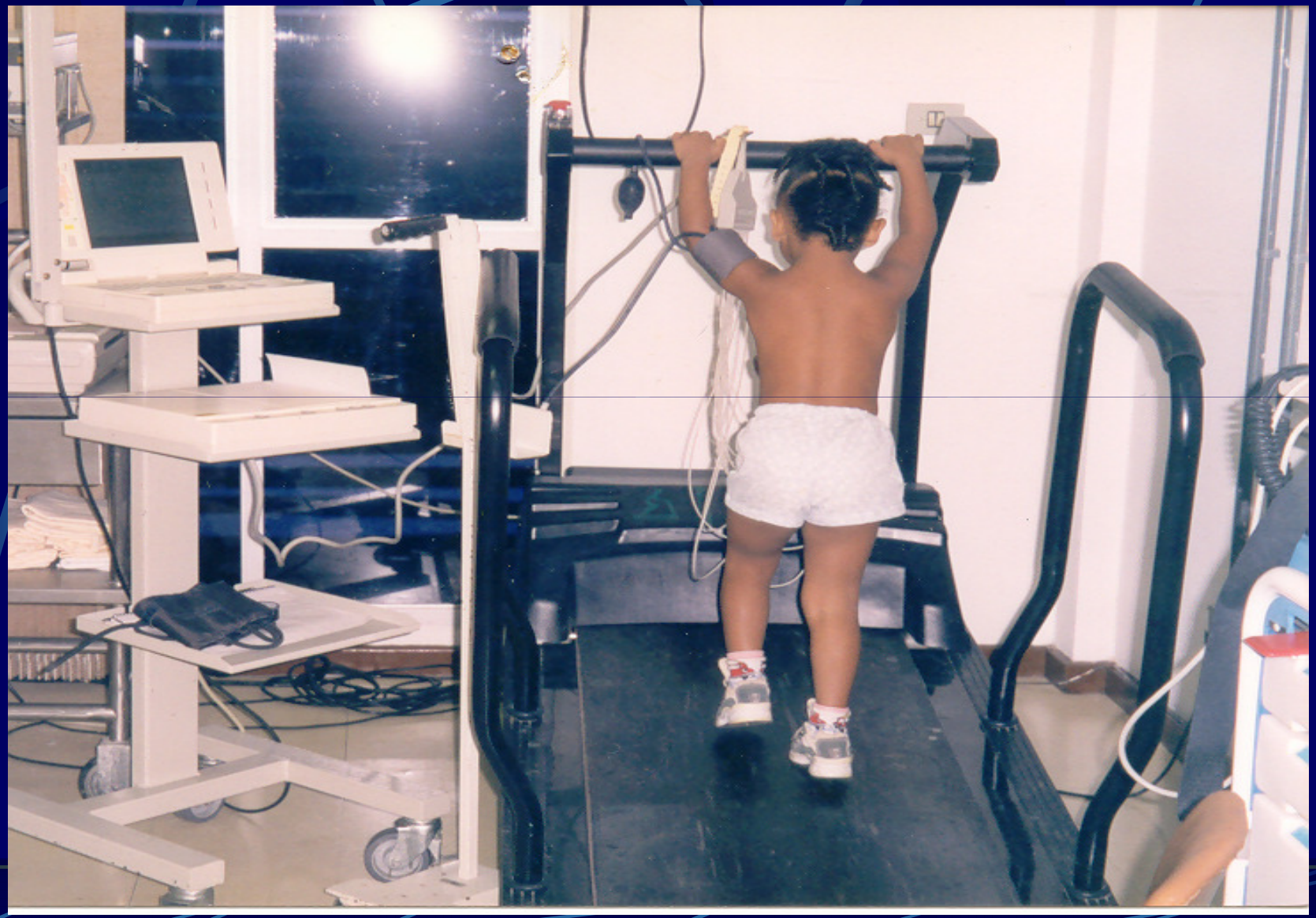
Síncope Exames Complementares:

* ECG
* Eco transtorácico
* TILT-TEST
* HOLTER de 24 horas
* Looper Recorder
* Teste ergométrico
•Estudo Eletrofisológico – na suspeita da cardiopatia e arritmia grave
•* Avaliação Neurológica e Psiquiátrica

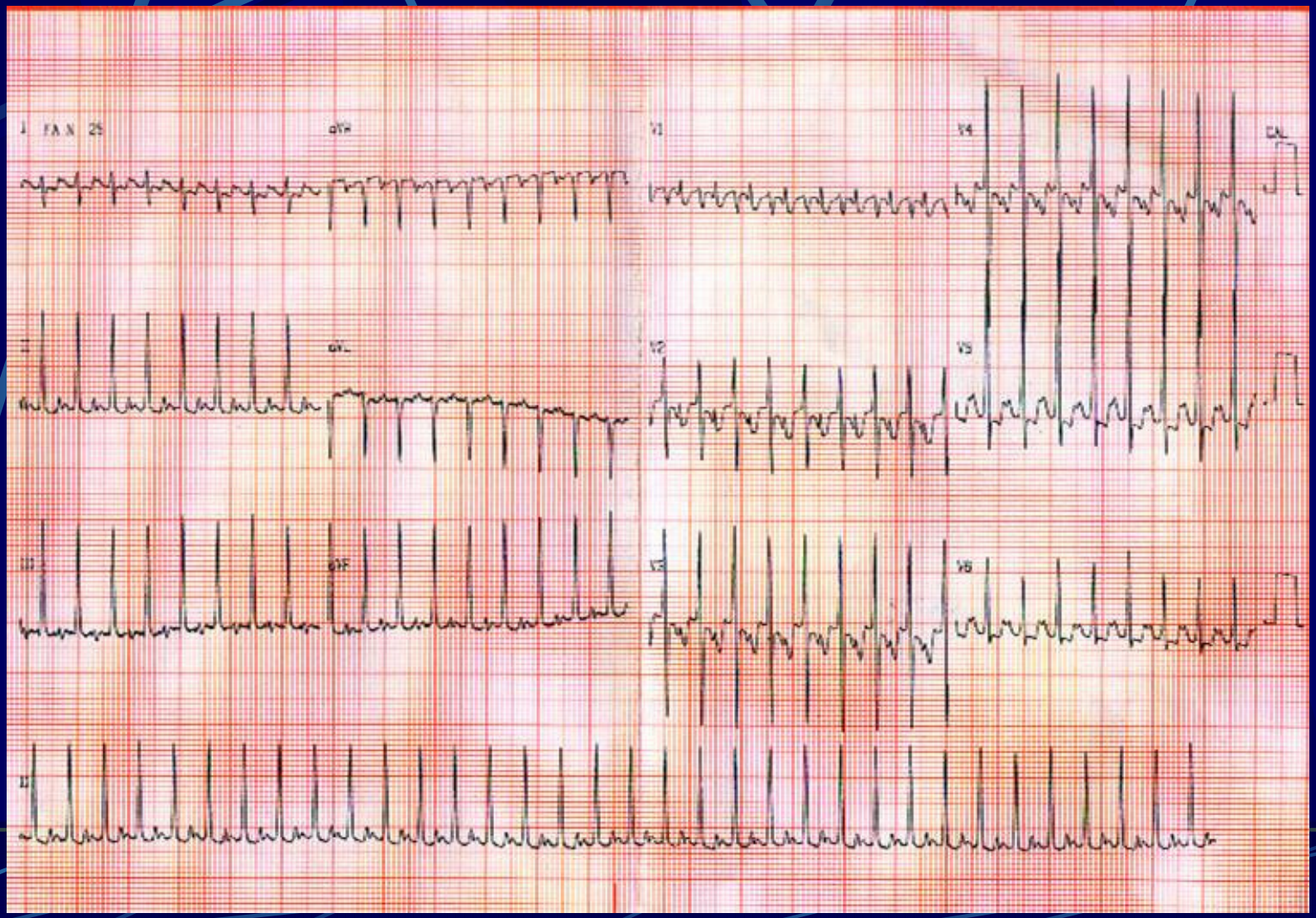
TILT-TABLE - TEST

Inclinação:
Hipotensão
Bradicardia
Ambos

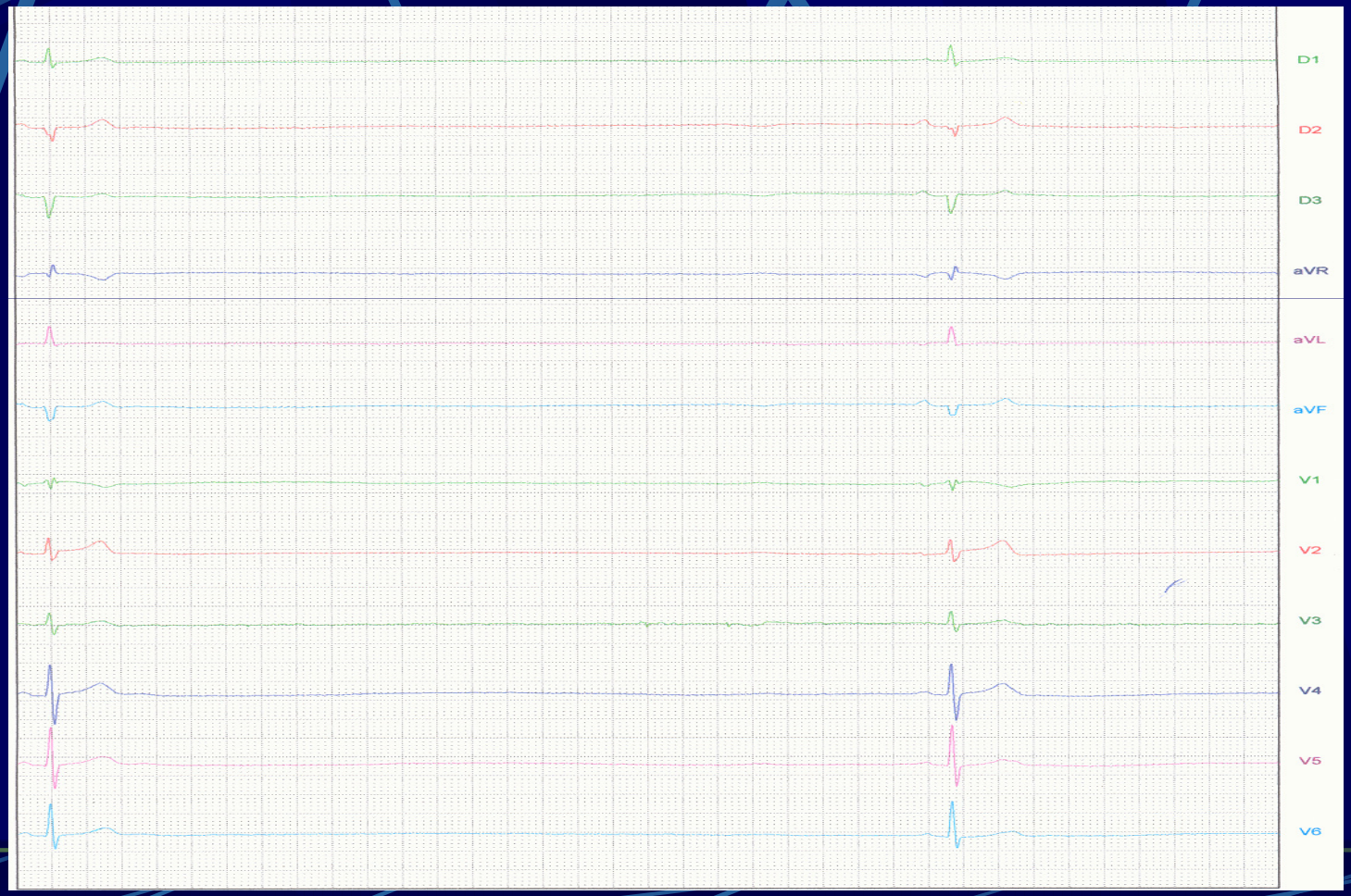
Teste Ergométrico



Taquicardia Supra Ventricular por via Acessória – W.P.W



SÍNCOPE MALIGNA DESENCADEADA PELO CHORO ♂ 10 meses de idade



Síncope – Quando Hospitalizar

- Na possibilidade de causa cardíaca
- Traumatismo severo causado pela síncope
- Síncopes freqüentes

Accepted Manuscript

2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope

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Recommendations for Pediatric Syncope		
COR	**LOE**	**Recommendations**
I	**C-LD**	**VVS evaluation, including a detailed medical history, physical examination, family history, and a 12-lead ECG, should be performed in all pediatric patients presenting with syncope (315,618,620,624-630).**
See Online Data Supplement 40.		Although VVS is the most common cause of pediatric syncope, cardiac syncope does represent 1.5% to 6% of pediatric cases (usually defined as up to 18 years of age) (617,619,620,629,631,632). Characteristics of presenting signs and symptoms differentiating VVS from cardiac causes of syncope are generally similar to those in adults. A family history of VVS and early SCD should be sought. VVS occurs in 33% to 80% of children with syncope (624,628). Risk factors that raise suspicion of a cardiac etiology include the absence of prodromal symptoms, presence of preceding palpitations within seconds of loss of consciousness, lack of a prolonged upright posture, syncope during exercise or in response to auditory or emotional triggers, family history of SCD, abnormal physical examination, and abnormal ECG (626,627), although the specificity is modest (618,627,630,633). It should be remembered that children may not be able to clearly communicate specific symptoms. Exertional syncope has been associated with LQTS and CPVT (315,318,337,630,634). Regardless of symptoms, exertional syncope, especially mid-exertional syncope, should result in a high index of suspicion for a cardiac etiology (633).
I	**C-LD**	**Noninvasive diagnostic testing should be performed in pediatric patients presenting with syncope and suspected CHD, cardiomyopathy, or primary rhythm disorder (315,318,618,625,627,630,633).**
See Online Data Supplement 40.		Channelopathies are major causes of cardiac-related syncope in young people. They may be associated with a family history of SCD, and they increase the risk of SCD in these patients (315,337,630,632,634,635). Exercise stress testing may be helpful in the diagnosis of channelopathies, such as LQTS and CPVT, which

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Clinical study

Use of sertraline hydrochloride in the treatment of refractory neurocardiogenic syncope in children and adolescents

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Abstract

Objectives. The purpose of our study was to determine whether the serotonin reuptake inhibitor sertraline hydrochloride could prevent neurocardiogenic syncope in children and adolescents resistant to or intolerant of other therapies.

Conclusions. The serotonin reuptake inhibitor sertraline hydrochloride can be effective in preventing recurrent neurocardiogenic syncope in selected patients unresponsive to or intolerant of other therapeutic modalities.

CONCLUSÃO

- A síncope na infância quase sempre é benigna e de boa evolução
- Responde bem com aumento da hidratação, prática de esportes, mudanças de hábitos
- Quando associada a cardiopatias pode ser malígna e necessitar de medidas invasivas como ablação por RF e raramente, implante de marcapasso.

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