

Paroxysmal vagally mediated AV block as a cause of syncope Dr.Haless

يركز الإستثنائي الحامعي ابن رائد

Centre Hospitalo-Universitaire Ibn Rochd-Morocco

INTRODUCTION:

In this article, we present a case of a young woman with recurrent syncope associated with transient vagal second-degree atrioventricular block (AVB) to illustrate the experience of CHU Ibn Rochd of Casablanca in the management of vagal AVB.

Observation

A 23-year-old woman presented to the emergency department complaining of syncope with previous visual disturbances and nausea. On admission, she was conscious stable. During hospitalization, routine blood tests, echocardiography (Fig.N°2) and cerebral magnetic resonance imaging were all normal. We didn't find a diagnostic clear until we carried out a 24-hour Holter ECG, which showed a paroxysmal atrio-ventricular block of the second degree Mobitz-II. In addition, an autonomic nervous system test showed significant vagal hyperactivity. The effort test was unremarkable. We proposed to her a therapeutic plan composed of lifestyle modification, our rythmopole did not indicate the pacing seen of well improvement after two years of treatment and well surveillance.

DISCUSSION:

Our patient elucidates the entity of paroxysmal vagally mediated AV block as a cause of syncope, also known as external vasovagal AV block , and its related to the effect of the parasympathetic nervous system on cardiac conduction and is one of the mechanisms involved in reflex syncope [1]. There is a lack of precise epidemiological data on this pathologic entity . The Holter ECG has increased the diagnostic yield of paroxysmal AVB by allowing prolonged monitoring of the heart rhythm [3]. Clinically, EV-AVB is characterized by recurrent episodes of syncope beginning in middle age, typically triggered by central (emotional distress) or peripheral (prolonged standing) factors associated with symptoms of autonomic activation

CONCUSION:

vagally mediated AV block is benign because it is localized within the AV node and not in the His-Purkinje system and also, and especially, because it is not an expression of anatomical involvement of AV conduction