

Case Report**Vasovagal Fainting****Nadeem Yar Khan***MBBS (QAU), MCPS (CPSP), MSc (QAU)***Abstract:****Introduction:**

A 45 years old, married, healthy looking lady was rushed into dengue camp Khalid Masjid Lahore on 19th Sep. 2011 with history of unresponsiveness about 15 minutes ago.

Methodology: History revealed fever with rigors and sever body aches 3 days ago. Last blood report had no evidence of malaria or dengue fever a day before. No history of DM, hypertension, fits, asthma or any injury.

Results: No evidence of intoxication or trauma. On examination, pale looking lady had flaccid limbs, listless, perspiring with cold clammy skin and slow deep breathing. Her blood pressure was 100/85 mmHg, pulse 80/min. weak, jaw clenched, pupil normal and reactive to light, neck supple, no response to painful stimuli.

Conclusion: On auscultation, harsh vesicular breathing with no added sound. A provisional diagnosis of shock/fit was made and patient was shifted in resuscitation room for management

Key words: vasovagal, fastening, patient, hospital, disease

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Clinical Case Study

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Management

Oxygen started, IV line secured, blood drawn for baseline investigation and dextrose 25% infusion started. Suddenly the lady slipped her hand in her shirt and pulled out a cell phone whispering that she is sick in hospital and unable to come for the wedding of her niece.

The final diagnosis of **vasovagal syncope** was made and the patient and her attendants reassured. Later on, all biochemical parameters were found within normal limits.

Discussion

Vasovagal fainting is common but often misleading. The cause is unclear . Peripheral vasodilatation is provoked by pain, emotions, or standing too long. On set is over seconds and often preceded by nausea, pallor, sweating and closing of visual fields. It cannot occur if the patient is lying. Patient falls to the ground being unconscious. Reflex anoxic convulsions may occur due to cerebral hypo perfusion but there is no stiffening, or tonic – clonic sequence. Urinary incontinence is fear uncommon but can occur and there is NO tongue bite. Post – ictal recovery is spontaneous in minutes.

Lesson

Common things should be considered first. Doctor could have saved time, money and resources had he seen “**Vasovagal Fainting** (dandal)”