



Review article

Syncope in Children and Adolescents

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SUMMARY

In the pediatric age group, most cases of syncope represent benign, neutrally-mediated alterations in vasomotor tone. Due to the global cerebral hypoperfusion, syncope is defined as a transient loss of consciousness followed by spontaneous recovery and/or a state of presyncope, including dizziness, lightheadedness, pallor, diaphoresis and palpitations which may precede the loss of consciousness. These symptoms could be a sign of a life-threatening event in a small subset of patients, even though most causes of syncope in childhood are benign, and life-threatening causes of syncope generally have cardiac etiology. In all these cases, routine evaluation includes history, physical examination and a 12-lead standard electrocardiogram which should be performed. Further investigation is indicated by worrying features which include syncope that occurs without warning, syncope during exercise, history of familial sudden death, and abnormalities on clinical exam or electrocardiography. The fact is that syncope generates great fear of injury or sudden death among parents and doctors, and the main aim of the present paper is to help the physician involved in the care of children to differentiate the life-threatening causes of syncope from the common, more benign neutrally-mediated syncope.

Key words: syncope, children, adolescents

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