

## 缺血性與非缺血性心肌症原因昏厥

### Syncope in ischemic and nonischemic cardiomyopathy

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The risk of death in a patient with syncope and coronary artery disease is directly proportional to the severity of left ventricular dysfunction. The major goal of the evaluation of syncope in the patient with coronary artery disease is to identify a potentially life-threatening diagnosis. This necessitates an evaluation for myocardial ischemia, underlying heart disease, and arrhythmias. In patients with syncope, coronary artery disease and a severely depressed EF, an ICD is indicated according the current guidelines, regardless of the precise etiology of the event. If there is a history of prior myocardial infarction and preserved EF, cardiac electrophysiology study may be indicated for further risk stratification.

Syncope is associated with increased mortality among patients with nonischemic dilated cardiomyopathy (NIDCM). Potential causes include arrhythmias and orthostatic hypotension, pulmonary embolism. Although other causes of syncope may still occur in these patients, the presence of myocardial dysfunction increases the probability of an arrhythmic origin. 45% of patients with NIDCM, class III and IV, who presented with syncope died suddenly within one year versus 12% of those who did not have syncope. 70% of patients with NIDCM who presented with VT or SCD had a prior syncopal spell. Inducibility of VT/VF during EP study can't predict the future risk.

ICD treated patients remain at risk for syncope because only the sudden cardiac death risk is being addressed. This implies the need for identification of the precise mechanism of syncope in these patients and specific treatment as far as is possible.