Transient Loss of Consciousness Scenario:

A 72-year-old male is being seen in an outpatient setting with the complaint that he passed out this morning.

Using the Epi-logical approach, what should be the probable diagnoses?

Because the patient is awake and alert at the moment, the clinician can conclude that the patient experienced a transient loss of conscious or syncope. Differentials such as orthostatic, neurogenic, concussion, and psychogenic must be considered as probable diagnoses, although concussion is unlikely because the patient would have had stated that he passed out after a head injury, unless he forgot due to post concussion amnesia. New onset psychogenic syncope is also uncommon in this age group.

How should a clinician address urgent/emergent situations?

The patient's vitals include BP 144/80, HR 66, T 98F, O2sat 100% and his BMI is 24. The patient appears to be in no distress, and he is alert and oriented. Based upon this, the clinician can conclude that no urgent/emergent situation exists, at least for the moment.

Weighing and Removing Anchor Bias:

The Clinician's Questions	**The Patient's Responses**	**How does this information help with the weighing process?**
Sorry to hear that. When exactly did this happen?	It happened this morning	
Did you completely lose consciousness, or feel like you were about to pass out?	I must have fully passed out, because my daughter said I was unconscious. I was in my backyard, and the next thing I know, she was trying to wake me up.	The patient had a syncope episode, as opposed to a pre-syncope episode, although pre-syncope has the same differentials.
You probably do not know long you were unconscious, or do you or your daughter know?	I don't know. It must have been very brief, because she would have called 911 if it was long, but I don't know for how long I was out before she found me.	Neutral.
Do you recall if you were standing, sitting, or changing position when all of this happened?	I don't remember what I was doing.	Neutral.
Do you remember anything before this all happened, or do you remember a fall?	I do remember a weird feeling before all of this, but not much else.	Neurogenic causes (due to possible prodrome) and seizure (aura) are likely.
Did you feel dizzy or light-headed before this?	Not really.	Orthostatic causes are unlikely.
Did your daughter say what condition she found you in?	She said I was curled up. She was trying to tell me more,	It is possible that the patient had a seizure or concussion which he does not recall due

	but I don't remember anything else.	to amnesia associated with these two conditions.
Did you have any headache?	No, I don't think I did.	CVA is unlikely
Do you take any medicines?	I take a calcium channel blocker and a diuretic for my blood pressure, a statin, and a muscle relaxer for body aches and pains.	Orthostatic hypotension related to blood pressure medicine is possible.
Do you think you might have taken an extra dose of the blood pressure medicine by accident?	No, I don't think so. I have done that in the past, and I know how that feels. It's not the blood pressure medicine this time.	Orthostatic hypotension secondary to medication use is less likely.
Do you have any other medical conditions?	Nothing else. I am fine.	Any condition leading to autonomic failure is unlikely.
At this point the clinician has asked questions about diagnoses which the clinician was strongly considering. The clinician has sufficient evidence to continue to consider a neurogenic cause and/or a seizure. However, the clinician should ask additional questions to remove anchor bias.		
How about any chest pain or shortness of breath?	None of that.	Cardiogenic causes are less likely
Do you drink alcohol, or use any drugs?	No, I don't.	ETOH and/or illicit drug use are not likely to have caused syncope.
Did you feel difficulty with speech, weakness, numbness, or tingling in any part of your body before or after this?	No.	A cerebrovascular accident is unlikely.
Diagnoses which the clinician considered to be somewhat unlikely in the beginning are still unlikely. The clinician should do a physical exam		
Neurological exam	Alert and oriented x 3. Cranial nerves intact 2-12. Motor strength and sensory exam normal bilaterally. Cerebellar exam normal. No sign of trauma.	A concussion is unlikely because there was no headache.

At this point, although the clinician does not have a strong index of suspicion for any one diagnosis, the clinician has some evidence for neurogenic causes (vasovagal syncope, carotid sinus hypersensitivity, and situational syncope), and seizure. Vasovagal syncope is not very common in this age group, and the patient did not describe any situation prior to syncope (micturition or cough) which might have led to an abnormal vasovagal discharge. Therefore, the clinician should strongly consider carotid sinus hypersensitivity and seizure. Due to this patient's age, if this was new onset seizure, he must receive imaging to rule out an intracranial lesion. A CT scan of the patient's head is performed, and he has a frontal lobe tumor.