Syncope et hyperreflexie sino-carotidienne

CSH : Carotid sinus hypersensitivity

CSS : carotid sinus syndrome

CSM : Carotid sinus massage

T-Loc : transient loss of consciousness

Mortalité , morbidité

CNCHG 27-28 nov 09

European Heart Journal
doi:10.1093/eurheartj/ehp298

ESC GUIDELINES

Guidelines for the diagnosis and management of syncope (version 2009)

The Task Force for the Diagnosis and Management of Syncope of the European Society of Cardiology (ESC)

Developed in collaboration with, European Heart Rhythm Association (EHRA)[1], Heart Failure Association (HFA)[2], and Heart Rhythm Society (HRS)[3]

Endorsed by the following societies, European Society of Emergency Medicine (EuSEM)[4], European Federation of Internal Medicine (EFIM)[5], European Union Geriatric Medicine Society (EUGMS)[6], American Geriatrics Society (AGS), European Neurological Society (ENS)[7], European Federation of Autonomic Societies (EFAS)[8], American Autonomic Society (AAS)[9]

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Syncope et hyperreflexie sino-carotidienne

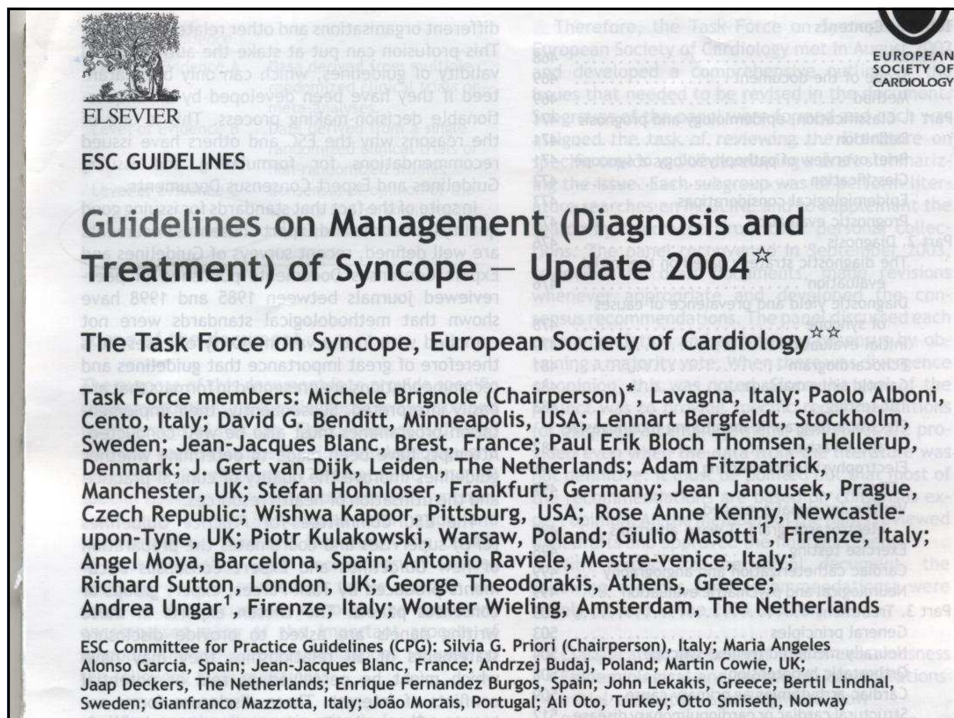
- Recommandations 2009 :

>3 s et/ou baisse de PAS > 50 mmHg couché et debout et reproduction des symptômes

➔HRSC ou CSS

➔Méthodologie : guidelines 2004

CNCHG 27-28 nov 09



ELSEVIER

EUROPEAN SOCIETY OF CARDIOLOGY

ESC GUIDELINES

Guidelines on Management (Diagnosis and Treatment) of Syncope — Update 2004☆

The Task Force on Syncope, European Society of Cardiology☆☆

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Ovid: Strickberger: Circulation, Volume 113(2).January 17, 2006.316-327 Page 1 sur 22

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Circulation

© 2006 American Heart Association, Inc.
Volume 113(2), 17 January 2006, pp 316-327

AHA/ACCF Scientific Statement on the Evaluation of Syncope: From the American Heart Association Councils on Clinical Cardiology, Cardiovascular Nursing, Cardiovascular Disease in the Young, and Stroke, and the Quality of Care and Outcomes Research Interdisciplinary Working Group; and the American College of Cardiology Foundation: In Collaboration With the Heart Rhythm Society: Endorsed by the American Autonomic Society

[AHA/ACCF Scientific Statement]

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Recommendations: carotid sinus massage

Recommendations	Class[a]	Level[b]
Indications		
• CSM is indicated in patients >40 years with syncope of unknown aetiology after initial evaluation	I	B
• CSM should be avoided in patients with previous TIA or stroke within the past 3 months and in patients with carotid bruits (except if carotid Doppler studies excluded significant stenosis)	III	C
Diagnostic criteria		
• CSM is diagnostic if syncope is reproduced in the presence of asystole longer than 3 s and/or a fall in systolic BP >50 mmHg	I	B

[a]Class of recommendation.
[b]Level of evidence.
BP = blood pressure; CSM = carotid sinus massage; TIA = transient ischaemic attack.

0,17-0,45 %
90%
ACFA

Syncope et hyperreflexie sino-carotidienne

- Recommandations 2009 :

➔Méthodologie : guidelines 2004 :

Différence entre hypersensibilité et syndrome du sinus carotidien (CSS)

Position debout (table de tilt test)

Syncope et hyperreflexie sino-carotidienne

- Variations entre les différents hôpitaux :

EGSYS (Europace 2003) 28 hôpitaux généraux

MSC réalisés dans 0% à 58% (moyenne 12,5%)

Littérature 1-60%

Syncope et hyperreflexie sino-carotidienne

- Etude à Cannes :
- 554 patients
- Patients de plus de 40 ans : 503
- CSM 17% (sténose carotidienne, ATCD AVC, autre diagnostic)
- tous en position couchée
- Positif : 3
- reproduction de syncope : 3
- 1 ère syncope : 2
- 1 patient bénéficiant d'une implantation

Syncope et hyperreflexie sino-carotidienne

- CSM : 14% adultes avec syncopes en urgence
- CSS : 4%
- CSM : 56 % adultes « Unités syncopes »
  - Syncopes inexpliquées
    - 14%
- Intérêt de l'âge , sexe

Syncope et hyperreflexie sino-carotidienne

- Etude à Cannes :
- 34 patients syncope inexpliquée
- Patients de plus de 40 ans : 28
- CSM 27 (sténose carotidienne)
- Positif : 5
- reproduction de syncope : 3
- Vasodépression : 1
- 1 ère syncope : 2
- 1 patient bénéficiant d'une implantation

Syncope et hyperreflexie sino-carotidienne

- Position debout indispensable
  - reproduction de la syncope
  - évalue la vasodepression (atropine)
- 10 s
- Tilt test
- 30 % de patients positifs non repérés
- 1719 pts Am J C syncopes inexpliquées
  - Syncopes reproduites dans 26%
    - cardioinhibition 46%
    - Mixtes 40%
    - Vasodepression 14 %

Syncope et hyperreflexie sino-carotidienne

- 2/3 hommes
- Moyenne pause : 6 s
- plus de traumatismes : fracture, hémorragie intracrânienne, hémorragie interne, amnésie rétrograde, lésion neurologique focale
- > 40 ans
  - 4% < 40 ans
  - 41% > 40 ans

hyperreflexie sino-carotidienne sans syncope

- 17-20% asymptomatique
- 38 % avec sténoses carotidiennes

Syncope et hyperreflexie sino-carotidienne

- 2 études
- Une ancienne A m J 93;72:1152

PM détectant l 'asystolie

53 % des pts avec CSS durant 2 ans

➔Réponse positive au MSC prédit l'apparition d'épisodes d'asystolie symptomatique

- Loop recorder Europace 2007;9:563

18 pts CSS détectés par MSC

Asystolie > 3 s observée lors de syncope chez 16 pts (89%)

- IIa B
- Plusieurs syncopes

Recommendations: treatment of reflex syncope

Recommendations	Class[a]	Level[b]
• Explanation of the diagnosis, provision of reassurance, and explanation of risk of recurrence are indicated in all patients	I	C
• Isometric PCMs are indicated in patients with prodrome	I	B
• Cardiac pacing should be considered in patients with dominant cardioinhibitory CSS	IIa	B
• Cardiac pacing should be considered in patients with frequent recurrent reflex syncope, age >40 years, and documented spontaneous cardioinhibitory response during monitoring	IIa	B
• Midodrine may be indicated in patients with VVS refractory to lifestyle measures	IIb	B
• Tilt training may be useful for education of patients but long-term benefit depends on compliance	IIb	B
• Cardiac pacing may be indicated in patients with tilt-induced cardioinhibitory response with recurrent frequent unpredictable syncope and age >40 after alternative therapy has failed	IIb	C
• Cardiac pacing is not indicated in the absence of a documented cardioinhibitory reflex	III	C
• β-Adrenergic blocking drugs are not indicated	III	A

[a]Class of recommendation.
[b]Level of evidence.
CSS = carotid sinus syndrome; PCM = physical isometric counterpressure manouuvre; VVS = vasovagal syncope.

Stimulation cardiaque

- Europace 2007; 9 : 932

60 pts avec CSS 30 PM (1)

30 Pas de PM (2)

12 mois 10% syncopes (1)

40% (2) p=0,008

Conclusions

- Recommandations claires et très précises : bien les respecter
- Massage sino carotidien dans le bilan de syncope
- Position debout et couchée
- Bilan exhaustif par ailleurs
- Rechercher une maladie du sinus associée
- Stimulation cardiaque
- Quel type de surveillance si HRSC découverte lors d'une autre occasion ?