CASE REPORT

A Welcome Seizure

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Introduction

Clinical diagnosis is one of the most demanding tasks, even for experienced physicians. In daily clinical practice, common diseases may require, developed skills [1]. Not only by the intrinsic difficulties of the disease itself, but also because some of them may threaten patients’ life and demands a prompt and safe response.

![Figure 1A: Starting of seizure (arrow).](image)

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**Figure 1B:** Ending of seizure (arrow).

**Figure 2:** Complex ventricular extrasitolia (arrowhead) and duplets (arrow).
Given ST segment depression a coronary angiography was performed. Angiography showed apical acinesis, anterolateral discinesis and distal occlusion of anterior descendent and circumflex arteries. One stent was implanted in each stenosis with no complications. The patient recovered uneventfully.

**Discussion**

In many cases of syncope, a thorough complementary study is often needless. However, in patients with cardiovascular diseases or at risk of cardiogenic syncope, as is the present case, it is necessary to rule-out cardiac structural abnormalities and malignant arrhythmia to formulate a conclusive diagnosis.

Our patient suffered a seizure while carrying an external EKG-Holter device that recorded the ST-segment depression suggestive of myocardial ischaemia. The increase in oxygen consumption triggered by muscular exercise secondary to tonic-clonic muscular activity served as a heart stress test leading to diagnosis and treatment of a silent coronary artery disease.

**Conclusion**

In patients with loss of consciousness and concomitant cardiovascular risk factors or sequelae from prior events, a proper study to refine aetiology may be required.

**References**