## Atypical presentation of ventricular tachycardia

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Convulsions and loss of consciousness can be caused by a variety of medical conditions, among which conduction disorders, arrhythmias and epilepsy are the most considered diagnoses. Transient loss of consciousness is defined as an abrupt, self-limiting complete loss of consciousness. Seizure is the result of an abnormal, excessive and hypersynchronous neuronal discharge in the brain which can be caused by either a primary neurological condition or cerebral hypoperfusion resulting from cardiac arrhythmia. Due to similarity in the clinical presentation, inadequate history and limited investigations, it is very difficult to differentiate between the two. The timely and meticulous diagnosis is very important as it will prevent the patient from delay in the proper treatment, unnecessary procedures, and unexpected complications and death.

## Case report

We present the case of an 87-year-old gentleman who was admitted with unwitnessed collapse at home while in bed and was found shaking by the son. He had a history of memory problems, hypertension and hypothyroidism. He was on amlodipine, doxazosin, aspirin, simvastatin, bisoprolol, ramipril and levothyroxine. He was otherwise fit and well and independent with self-care. He was likely to be diagnosed as having epilepsy at first and was about to be started on anti-epileptic treatment. In the meanwhile as a part of workup he was put on 24-hour telemetry that showed he had a run of ventricular tachycardia (VT) that was concluded as the cause of seizure.

## **Conclusion**

It is important to consider VT as a cause of first seizure in elderly patients, especially with cardiovascular risk. So in case of first seizure in elderly patients in addition to careful history, thorough physical examination and epileptic workup cardiac workup including 24-hour telemetry is vital as in our patient the cause of seizure was pinned down to having VT.

## References

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