An 82-year-old man presented to the University of Utah Faint and Fall Clinic in Salt Lake City with a 4-year history of falls. The patient described loss of postural tone with occasional generalized seizure-like activity lasting 5 to 10 seconds. He denied loss of consciousness. Findings from physical examination, laboratory tests, and brain magnetic resonance imaging were unremarkable. The patient stated that results from electroencephalography performed several months before presentation to our clinic were also unremarkable. The patient received valproic acid (250 mg by mouth every morning and 500 mg every night at bedtime), but the events continued. Electrocardiographic, echocardiographic, stress test, and ambulatory electrocardiographic monitor findings were unremarkable. An implantable loop recorder captured tracing during an event (pictured). A pacemaker was placed, and the patient had not had any recurrent falls at 9-month follow-up. Unexplained falls can be due to syncope. Transient cerebral hypoperfusion without a report of loss of consciousness can cause loss of balance and falls followed by seizure-like activity. Outpatient electrocardiographic monitoring should be considered in the evaluation of older adults with unexplained falls.

Reference

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