

Evidence Discussion (HD-23.2)

Syncope

- The Choosing Wisely Campaign Best Practices, supported by the American College of Emergency Physicians, American College of Physicians, and the American Academy of Neurology, recommend against neuroimaging in the evaluation of simple syncope and a normal neurologic evaluation.^{1,5}
- The initial evaluation for patients with syncope includes a detailed history, physical exam and electrocardiography.^{1,2,3,5,9} Neuroimaging has a low diagnostic yield of 5% to 6.4% of an acute abnormality on CT head.^{1,5,6} Clinical factors associated with abnormal scans include head trauma or a focal neurologic deficit on exam.^{1,5,6}
- In select cases when neuroimaging is indicated, structural brain imaging with either CT head or MRI brain may be useful, along with vascular imaging, depending on the suspected underlying pathology.^{1,9}
- Inappropriate imaging studies may identify incidental findings, incorrectly assumed to be the cause of syncope, leading to further delay in the identification of the true cause and risk additional unnecessary procedures³.
- Situational syncope does not require advanced imaging.^{2,7,8}

References

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