

L'Homme Qui Rit¹, l'Homme qui tombe à pic

Eleonora Rodighiero^{1,2}, Maria Luisa Poli^{1,2}, Letizia Reggianini^{1,2}, Giuseppe Fantini^{1,2}, Elisa Lodi^{1,2}, Maria Grazia Modena^{1,2}

RATIONALE AND PURPOSES

Syncope is a common disorder in emergency departments, but its causes are sometimes difficult to diagnose. Recurrent syncope may cause injuries and anxiety among patients and their families and may lead to extensive investigations by the treating physicians. Laughter-induced syncope² or gelastic syncope is a rare case of situational syncope with only few cases^{3,4,5} described in literature. It is considered one of many vagally mediated syncopal attacks⁶ that lead to a rapid drop in blood pressure without compensatory tachycardia. Sustained laughter is accompanied by repetitive bursts of forced exhalation, corresponding to short repetitive Valsalva maneuvers, such as coughing. Throughout telemedicine it was possible to study a case of laughter-induced syncope, collecting and analyzing vital parameters during the everyday life and in a comfort home setting.

METHODS

We report a case of a 48-year-old Caucasian man who is otherwise healthy except for two episodes of syncope in the last year that happened when he was laughing vigorously. Just before losing consciousness, the man presented a neck tingling as a prodrome. Throughout the events, he lost consciousness for a few seconds without exhibited associated movements, bowel or urinary incontinence. Recovery was always immediate without related symptoms or neurological deficit. The second time the syncope happened he was leaning against a table and he fell forward incurring in a head injury. After the events, the patient was afraid of laughing and when he recognized the prodromic symptom, he stopped laughing. Respiratory and cardiovascular examinations, routine blood tests, electrocardiography, electroencephalography, tilt testing and carotid sinus massage did not reveal any abnormalities.

RESULTS

Due to the impossibility to recreate the syncopal episode in a medical setting, we tried the telemedicine approach by using a 3 channel ECG-holter monitor for 7 days in order to record the syncope. We recorded a third episode characterized by a cardioinhibitory response with a concordant depression of both sinus node and atrioventricular node function, suggestive of a vagally mediated mechanism. No specific treatment has been established, we only gave behavior instructions to curtail laughter or lie down at onset of prodromic symptoms.

CONCLUSION

In our case telemedicine had an important role for diagnosis a gelastic syncope and to reassure the patient. Laughter has been proposed to be the best medicine, however in some case an excessive dose may result in adverse events.

BIBLIOGRAPHY

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COMPETING INTEREST

The author declare that they have no competing interest.