**TILT TABLE TESTING TO DIAGNOSE PSEUDOSYNCOPE IN THE PEDIATRIC POPULATION**

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*Purpose*: Pseudosyncope (PS) can be difficult to distinguish from true syncope. The purpose of this study is to describe the diagnostic utility of head-up tilt table (HUTT) to elicit the diagnosis of PS in the pediatric population.

*Methods*: A retrospective chart review from 11/12 to 7/15 of patients ≤ 23 yrs of age referred for 30-minute, 80-degree tilt with continuous monitoring of ECG and pulse ox. Blood pressure and heart rate were obtained supine, at 80-degree tilt, and q 1 minute. Pretest probability for PS was high if the patient had no response to traditional management, atypical episodes, occurrence during unusual exercise, or prolonged episode duration. Prior to and during HUTT, inductive techniques were utilized to convince patients of the likelihood of experiencing an episode during the procedure. PS was confirmed when patient had normal vital signs during their event and had reflex responses to disruptive maneuvers, including answering questions, exhibiting a startle response to a loud noise, or moving away from a sternal rub.

*Results:* HUTT was performed on 76 patients [median age 16 yrs (5-23); 29% male] with the majority (61%) being negative for pseudosyncope, including 45 true negatives and 1 false negative (diagnosed with pseudosyncope after HUTT). Of the 30 patients with syncope symptoms during HUTT, 21 were diagnosed with vasovagal syncope and 9 with PS [median age 16 yrs (15-21); 44% male]. PS episodes were observed immediately (<2 minutes) in 3 patients; the 6 others had late-onset symptoms. All patient with late-onset PS required induction techniques prior to the recorded episode. PS was verified by reflex response to disruptive maneuvers.

*Conclusion*: PS can be identified during a HUTT if inductive techniques are utilized in those patients with a high index of suspicion. Disruptive maneuvers are excellent adjunctive methods to assist with confirming the diagnosis.