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Rhythm disturbance in older patients

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Personal History: Allergy to NSAIDs. Independent for ADL. Hypertension, dyslipidemia, chronic renal failure (on dialysis), iatrogenic hypothyroidism secondary to multinodular goiter. In Simvastatin, Levotrhoid, omeparazol, folic acid.
Anamnesis: 81 year old woman who came brought by ambulance after being found drop in his driveway, going to be collected for dialysis session. Given the low level of consciousness and facial and head trauma is transferred to Hospital. The family reports that the patient has since 3-4 years ago frequent episodes of dizziness, unconsciousness with sometimes and falls to the ground, mostly in connection with dialysis. These episodes have become more frequent in recent days. No report dyspnea or chest pain clinic.
Physical examination: Regular state general. BP 90/60. Heart rate 13 bpm. Facial swelling hemiface right. Isochoric and reactive pupils (right eyelid edema), Glasgow 13/15, generalized hyporeflexia, bilateral flexor plantar reflex, strength and sensitivity preserved in the 4 members.
Rest of examination: anodyne.
Complementary tests: Blood test: troponine I 22, CK-MB 44. EKG: ST decrease in lower territory. Cranial CT: shown subluxation C1-C2.
Diagnosis: severe bradyarrhythmia. NSTEMI. Facial trauma.
Evolution: case is discussed in coronary ICU who proceeds to income. During admission, the patient had occasional episodes of paroxysmal AF with evidence of very slow rate of escape and subsequent onset of sinus rhythm. Considering that was the origin of recurrent syncope of the patient indicated considered definitive pacemaker implantation.
Conclusion: frequent episodes of syncope in older patients requires us to study the presence of medication that causes decreased heart rate. Otherwise, you must perform full cardiologic study to find anomalies requiring pacemaker placement.
Keywords: bradycardia, syncope, myocardial infarction