

**PP 127 MUMMY MY WEE MAKE
ME DIZZY***Muhammad Afiq Mohd Zain, Suhaimi Mahmud***INTRODUCTION**

Micturition syncope is a transient loss of consciousness with onset immediately before, during or after micturition. It is often unrecognised at this age and often misdiagnosed as vasovagal attack. We present a case of recurrent paediatric micturition syncope which was initially undetected and discharged from primary care who end up in ED 3 days after the first clinical presentation.

CASE REPORT

An 11-year-old Chinese boy who had no known medical illness or allergies, presented to casualty for recurrent syncope which happened in the school toilet before the school session started. The syncope happened during post micturition in which there was an element of cold clammy hands proceeded before the syncope. He was later brought to casualty and was seen in green zone department. Previously, he had similar episode of syncope 3 days ago with similar episodic event which happened at home and was seen at Klinik Kesihatan but was discharged home and given medical leave for 3 days. Examinations and investigations at casualty showed no abnormal results (CNS examination, blood sugars, FBC and ECG). CT brain was later arranged in ward after admission and he was later discharged home 3 days later after with an EEG appointment and an outpatient appointment in paediatric clinic.

DISCUSSION AND CONCLUSION

Micturition syncope in paediatric is less commonly present in casualty, in which they are often misdiagnosed as a vasovagal induced and is discharged home after all initial tests are normal. Careful history taking, and thorough examination and investigations is crucial in any case of syncopal attack. Further work up and evaluation is needed to establish this diagnosis; hence prompt referral to the paediatric department as inpatient rather than outpatient is key determinant of the diagnosis.