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REVISITING A DIAGNOSTIC CONUNDRUM: SEIZURE DISORDER MIMICKING CONDUCT DISORDER - A COMPREHENSIVE CASE ANALYSIS

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Abstract

Seizures are symptoms due to abnormal discharges from neurons in the central nervous system. Childhood epilepsy is a particular concern to psychiatrists because it is often associated with behavioural problems. Studies have noted the occurrence of psychiatric comorbidities with epilepsy. The psychiatric comorbidities include depression (36.4%), anxiety disorders (15-50%), attention-deficit hyperactivity disorder (ADHD) (29.1%), and conduct disorder. The conduct disorder also appears to be more common in children of biological parents with severe alcohol use disorder, depressive and bipolar disorders, or schizophrenia or biological parents who have a history of ADHD or conduct disorder. Here we present the case of a 13y Hindu unmarried female, not going to school for more than 8-9 years, with behavioural and social problems since childhood, with past history of a fall, patient's mother and other members of the family c/o sudden episodes of unresponsiveness with jerky movements of hands and feet, abusive-violent and unsocial behaviour, and frequent complaints of stealing, which was gradual in onset and continuous in the course since many years. On MSE pt. was unkempt, untidy, restless, cooperative with a frank attitude, loud and overfamiliarity in speech, irritable affect, easily distractible, below average intelligence, and grade 1 insight. On MRI Brain there post ictal changes in the frontal lobe and the patient had abnormal awake EEG.

INTRODUCTION

Seizures are symptoms due to abnormal discharges from neurons in the central nervous system [1]. Childhood epilepsy is a particular concern to psychiatrists because it is often associated with behavioural problems [2]. Studies have noted the occurrence of

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psychiatric comorbidities with epilepsy [3]. The psychiatric comorbidities include depression (36.4%) [3], anxiety disorders (15-50%) [4], attention-deficit hyperactivity disorder (ADHD) (29.1%), and conduct disorder [5]. The conduct disorder also appears to be more common in children of biological parents with severe alcohol use disorder. Structural and functional differences in brain areas associated with affect regulation and affect processing, particularly frontotemporal-limbic connections involving the brain's ventral prefrontal cortex and amygdala, have been consistently noted in individuals with conduct disorder compared with those without the disorder [6]. Girls and women with a diagnosis of conduct disorder are more likely to exhibit lying, truancy, running away and prostitution. [6] Early detection and prompt interventions will go a long way to improving the outcome of these disorders.

Case Details:

Here we present the case of a 13yrs unmarried female, not going to school for more than 8-9 years, with behavioral and social problems since childhood, with a past history of fall, patient's mother and other members of the family c/o sudden episodes of unresponsiveness with jerky movements of hands and feet since 10 years and increased since 7-8 months, abusive-violent and unsocial behavior, and frequent complaints of stealing, which were gradually started and continuous in the course since many years, but recently increased since about 1 year. Pt. complains of Headache in the frontal region since approx. 7-8 months and is of throbbing type. It occurs 3-4 times/week.

Mental Status Examination:

Pt. was unkempt, untidy, restless, cooperative with frank attitude, loud and overfamiliarity in speech, irritable affect, easily distractible, below average intelligence, and grade 1 insight.

The patient qualifies for the criteria of conduct disorder.

After treatment patient's seizure episodes did not occur, and the patient's behavioural symptoms also improved.

Investigations:

- The patient was admitted and underwent routine investigations including CBC, LFT, KFT, Tridot viral markers, Blood sugar levels etc.
- On CEMRI: Post-ictal oedema on the left frontal lobe was present.
- EEG: Reports show abnormal awake EEG.
- VSMS shows the patient's SA approx. 10 years and 6 months. And SQ around 80-84 i.e. dull normal level of intellectual functioning.
- Fundus examination shown no significant abnormality.
- Young Mania Rating Scale: score 49 (0-60)

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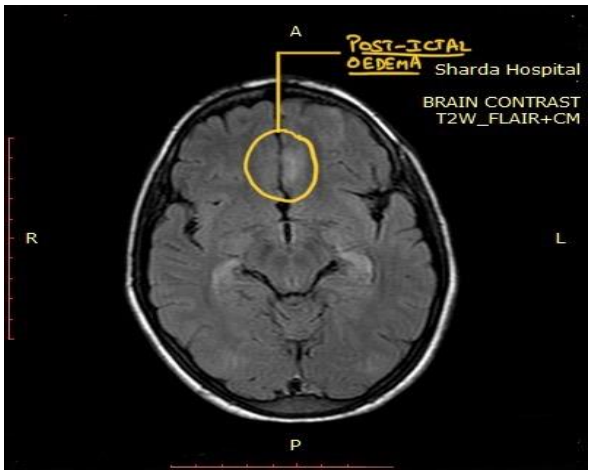

CONCLUSION

- Pt. was treated successfully for seizures and behavioral symptoms.
- Psychiatric disorders are quite common among children and adolescents and most cases go undiagnosed.
- Epilepsies are common among them & may present with psychiatric symptomatology.
- Presence of these comorbidities usually impair quality of life and social growth of children and adolescents especially in the developing world.
- As such a high index of suspicion should be held by physicians managing seizure disorders among the young.

Early detection and prompt interventions will go a long way to improving the outcome of these disorders.

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