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A CONFUSING CASE OF SEIZURE

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ABSTRACT
Psychogenic non-epileptic seizures are a rather common entity which masks or accompanies a true seizure episode. The mainstay of diagnosis here is a detailed clinical history and examination. In third world countries like ours, sophisticated investigation modalities like Electro- encephalogram (EEG) are not used a routine. They are reserved for patients with strong clinical suspicion. This patient presented with a history which indicated a pseudo seizure episode. Meticulous clinical examination also revealed no clue of a true seizure. Patient was managed as a case of Psychogenic non-epileptic seizures (PNES) but for completion sake an EEG was taken which revealed a true seizure. A pseudo seizure is the most common condition associated with a seizure. Only a patient who had experienced seizure once can mimic the condition.

KEYWORDS: Psychogenic non-epileptic seizures, Epilepsy, Pseudo seizure, Clinical history.

INTRODUCTION
Psychogenic non-epileptic seizures (PNES), earlier called pseudo seizures or hysterical seizures amount to 10 to 20% of patients presenting to epilepsy units of tertiary care centres1. PNES is classified in International Classification of Diseases 10th revision under Dissociative convulsions. Its prevalence is 2.9 per 1000 population. In a patient with PNES, the chance of having concurrent epilepsy is 5- 50%[1]. PNES is principally a clinical diagnosis obtained by a very thorough history taking and clinical examination. Suspicions of a pseudo seizure are often evident from the history itself. In a primary or secondary care centre in third world countries, were cost effectiveness is a primary concern, diagnosing such a case with history and examination, thereby sparing expensive investigations like Electro-encephalogram (EEG)[4] is of great importance.

The aim of presenting this case report is to explain the challenges we faced while differentiating between an epileptic seizure and PNES.

CASE REPORT
13-year-old boy presented to the Emergency room with history of tonic posturing. The boy was apparently normal that morning. After a few hours, he suddenly felt a generalized tiredness following which he sat down and then developed tonic posturing of all four limbs. This posturing lasted for 4 hours and waxing and waning of tonicity was present. His eyes were held tightly closed throughout and gives a history of frothing from mouth and involuntary micturition during the episode. However, the patient was responsive during the episode. Vocalisations were also present. No history of fall or tongue bite. Soon after the episode he became conscious and oriented without any post ictal confusion.

He gives a past history of similar episode 2 months back during which he lied down prior to the posturing. He had tip of tongue bit during that episode. He was diagnosed to have seizure disorder at 6 years of age, was on treatment for the next 3 years and then advised to stop treatment by a neurologist.

Clinical examination conducted within 15 minutes following the episode, revealed that he was conscious, oriented to time, place and person. No post ictal confusion. He was obese with a BMI of 28.4. Pupils were equal bilateral. No cyanosis or tachycardia. Vocalisations were present. Power, tone and reflexes were normal. Plantar was bilateral flexor. Hence clinically this was diagnosed as a case of pseudo seizure. Serum prolactin was also sent which showed borderline elevation only (30.2). For completion sake, an EEG was taken which showed generalised epileptiform abnormalities. Thus, this was a case of true seizure itself with an atypical presentation.

CASE DISCUSSION

In differentiating between psychogenic non-epileptic seizures and true seizures the key factor is the history of the patient followed by clinical examination. It's almost always obvious from the history whether the episode was a true seizure or a pseudo seizure. The typical clues pointing to PNES are no self-injury[2] here patient sat down before the episode thereby avoiding injury by fall, long duration, forced eye closure, waxing and waning of symptoms, patient being responsive in between and regaining consciousness soon after without any post ictal confusion[2,3] Cyanosis and tachycardia is expected if the seizure is this long as in this case[2]. Also, pupils were normal and plantar was flexor. These are all in favour of a PNES. However, pseudo seizure is the most common condition associated with a seizure. Only a patient who had experienced seizure once can mimic the condition.

CONCLUSION

From this case, I would like conclude that even if the patient history and examination is clearly suggestive of a pseudo seizure, the possibility of a true seizure must still be considered. EEG analysis ([4,5]) though expensive in a third world country must be taken before labelling a patient as a case of psychogenic non-epileptic seizures.

REFERENCES

1. Ali S, Jabeen S, Arain A, et al. How to use your clinical judgment to screen for and diagnose psychogenic nonepileptic seizures without video electroencephalogram. Innov Clin Neurosci, 2011; 8(1): 36–42.
2. Jones SG, O' Brien TJ, Adams SJ, et al. Clinical characteristics and outcome in patients with psychogenic nonepileptic seizures. Psychosom Med., 2010; 72(5): 487–497.
3. Reuber M. The etiology of psychogenic non-epileptic seizures: toward a biopsychosocial model. Neurol Clin., 2009; 27(4): 909–924.
4. Durrant J, Rickards H, Cavanna AE. Prognosis and outcome predictors in psychogenic nonepileptic seizures. Epilepsy Res Treat., 2011; 2011: 274736.
5. Alsaadi TM, Marquez AV. Psychogenic nonepileptic seizures. Am Fam Physician, 2005; 72(5): 849–856.