

Pseudo-convulsions in a child subjected to abuse

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(Index words: Multidisciplinary approach to management, "fits" due to learned behaviour)

Introduction

Much emphasis on detection, development of examination skills, management, and changes in the law to facilitate justice to the victim, and bring perpetrators to courts has been in focus in the past few years. Identifying suspicious cases of child abuse is relatively easy, but diagnosing child abuse is a complex multidisciplinary task. Diagnosis should be accurate as far as possible because the judicial medical officer's opinion is vital to prove a case of child abuse beyond reasonable doubt in a court of law.

Case report

A girl was referred to us by a magistrate for medico-legal examination and report. She was 10 years old and lived in the streets in Colombo. Her mother was an alcoholic destitute. The father of the child had taught her how to beg. A middle-aged man known to her had taken her to Negombo, tied her hands, and inserted a piece of cloth into the mouth. She could not remember what happened thereafter. The Police found her and admitted her to Base Hospital, Negombo. She developed "fits" while in the ward and was treated for epilepsy. She was brought to the Judicial Medical Officer while on sodium valproate.

Medico-legal examination revealed old scars on the buttocks following burns. Examination of her genitalia did not reveal any signs of penetrative sexual abuse. Her age was confirmed by tooth eruption, bone development and physical growth curves. Fresh injuries were not seen on the tongue. We referred her to a paediatrician, a neurologist and a psychiatrist, and she was observed and investigated for epilepsy. It was shown that her "fits" were not compatible with convulsions, and that there were no EEG changes suggestive of epilepsy. The fits were diagnosed as pseudo-convulsions associated with possible child sexual abuse, and drugs were tailed off.

On discharge she was sent to a foster home. She developed fits again, and was admitted to Colombo South Teaching Hospital, and diagnosed as a somatisation dissociation disorder presenting as pseudo-convulsions. Psychological review showed that although emotional disturbances (such as not being with her mother) were present, these were not the reason for the "fits". The child admitted that the "fits" were due to learned behaviour initially taught by her father as a way to earn money, and that she now simulates a "fit" when she is sad or troubled about various situations. Management of the child was planned at two case conferences attended by the probation officer, investigating police officer, and relevant doctors. It was decided that a change of foster home, advising and

educating the new care giver about the condition of the child, and regular assessment in the paediatric clinic were necessary for her management.

Discussion

Sexual abuse and consequent emotional disturbances can present in many ways. A review of the literature showed that emotional disturbance presenting as pseudo-convulsions is a rare occurrence in developed countries, but more common in developing countries (1,2). It is more common in female children. The commonest presenting age group is 10 to 14 years, and it is rare in younger children (1). According to western studies if a girl presents with pseudo-convulsions, child abuse, especially incest, has to be excluded (4). An Indian study shows that causes such as learning problems, pressure from parents to perform, family problems and separation from families are more common causes for pseudo-convulsions than sexual abuse (3). We had to decide whether the "fits" in this child were due to a neurological disorder, psychological disorder or learned behaviour. There were no physical signs of sexual abuse. There was no medical evidence to establish that she was physically or emotionally abused. The only possible type of abuse was that her father had used her to earn money by simulating "fits". She used this training as a manipulative tool to get what she wants. This case emphasises the need for detailed investigation and multidisciplinary review to determine the specific aetiological basis in a case of suspected child abuse.

Acknowledgements

We thank Dr Aswini Fernando, Paediatrician, Dr Lalin Fernando, Psychiatrist and Dr Sunethra Senanayake, Neurologist, for help with the management of this child.

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