

CASE REPORT

An Interesting Case of Acute Schizophrenia Like Psychotic Disorder in Geschwind Syndrome

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ABSTRACT

Geschwind syndrome, also known as Gastaut-Geschwind, is a group of behavioural phenomena evident in some people with epilepsy which causes chronic, mild, interictal changes in personality, which slowly intensify over time. Geschwind syndrome, comprised alterations in sexual behaviour principally hyposexuality), religiosity, and a tendency towards extensive, and in some cases compulsive, writing and drawing (hypergraphia). An acute transient psychotic disorder is a condition in which the psychotic symptoms are comparatively stable and fulfill the criteria for schizophrenia (F20. -) but have lasted for less than 1 month. Here we report a case of 28 years male with epilepsy and hyperreligiosity, hyposexuality for the past few years who now presented with complaints of irritability, anger outbursts, sleep disturbances, and suspiciousness that others have been trying to harm him for the past 4-5 days with no significant stressor.

Malaysian Journal of Medicine and Health Sciences (2024) 20(SUPP13): 103-104.doi:10.47836/mjmhs.20.s13.25

Keywords: Schizophrenia, Psychotic Disorders, Sexual Behaviour, Personality, Writing

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INTRODUCTION

Geschwind syndrome, also referred to as Gastaut-Geschwind syndrome, is a cluster of behavioral phenomena characterized by hypergraphia, hyperreligiosity, hyposexuality, mental rigidity, and both verbal and non-verbal viscosity (1). These symptoms are often observed in individuals with epilepsy, resulting in chronic, mild interictal personality changes that gradually intensify over time. Acute transient psychotic disorder is defined by psychotic symptoms that are comparatively stable and fulfill the criteria for schizophrenia (F20.-), but have lasted for less than one month. Geschwind syndrome involves alterations in sexual behavior (primarily hyposexuality), religiosity, and a tendency towards extensive, and sometimes compulsive, writing and drawing (hypergraphia). The onset of psychotic symptoms must be acute. If the schizophrenic symptoms

persist for more than one month, the diagnosis should be revised to schizophrenia (F20.-). This case report discusses a rare instance of an acute schizophrenia-like psychotic disorder in a patient with Gastaut-Geschwind syndrome, without any evident neurological findings.

CASE REPORT

A 28-year-old married male, employed at a telecom store and known to have Geschwind syndrome, presented with irritability, anger outbursts, sleep disturbances, and suspiciousness that his family was following and attempting to harm him. He also believed he had superpowers, irrelevant talk, all of which had persisted for one week. The patient has a history of seizure disorder. Over the years, following multiple seizure episodes, he began noticing personality changes, including alterations in sexual behavior (specifically hyposexuality) and increased religious devotion over the past year. He had been maintaining relatively well until one week before presentation, when he began experiencing significant irritability and anger outbursts, verbally and physically abusing his family

members. He reported sleep disturbances and became suspicious, believing his family was plotting to kill him for his property. He developed a delusion that nature had bestowed upon him superpowers, enabling him to discern between real and fake individuals. The patient was admitted to the psychiatric unit, where he was treated with antipsychotics and adjustments to his antiepileptic regimen. He showed symptomatic improvement and did not experience any seizure episodes during his hospital stay.

Management and Treatment:

The patient was treated with the following medications: Sodium Valproate: 1000 mg/day in two divided doses, used as an antiepileptic to manage his seizure disorder and stabilize mood. Topiramate: 100mg at night was given. Olanzapine: Initially titrated up to 10 mg/day, used to address his psychotic symptoms including delusions, irritability, and anger outbursts. Lorazepam: 2 mg at night, Quetiapine 50mg at night prescribed to manage his sleep disturbances. An MRI scan was not performed, as both the patient and his attendant declined the procedure. The patient was a 28-year-old married male with an active sexual life until approximately one year before presentation. During this period of illness, his sexual activity decreased drastically, and he reported a significant loss of libido, a symptom consistent with the hyposexuality seen in Geschwind syndrome

DISCUSSION

The patient responded well to the combination of antipsychotics and antiepileptic medication, with his symptoms showing significant improvement during the course of treatment. Psychoeducation was provided to the patient regarding the nature of his illness, emphasizing the importance of medication adherence to prevent relapse. The case highlights the intersection of Geschwind syndrome with acute schizophrenia-like psychotic disorder, an unusual and rare presentation. While Geschwind syndrome is commonly associated with temporal-limbic dysfunctions and has been documented in cases of schizophrenia and schizoaffective disorder(2,3), this is the first report of the syndrome manifesting alongside an acute schizophrenia-like psychotic disorder (4).

CONCLUSION

Geschwind syndrome itself is considered a rare phenomenon, and this particular case is notable due to its presentation of acute schizophrenia-like psychotic disorder in the context of Geschwind syndrome (5). This case underscores the importance of recognizing the potential for acute psychotic episodes in patients with Geschwind syndrome, even in the absence of overt neurological findings.

ACKNOWLEDGEMENT

The authors thank the Dean of Saveetha Medical College Hospital and the Director of Saveetha Institute of Medical and Technical Sciences University for their support and permission to publish this study.

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