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Pseudoseizure: A Possibly Underdiagnosed Disorder

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Dear Editor

With lots of interest, we read the paper by Ashjazadeh *et al.* entitled “Frequency of Depression and Anxiety among Patients with Psychogenic Non-Epileptic Seizures” [1]. As mentioned by the authors, pseudo-seizure or psychogenic non-epileptic seizure (PNES) which may be misdiagnosed as epilepsy, has posed a challenge to physicians. We faced a 17-year-old boy in pediatric emergency ward presented with severe muscle weakness of the lower limbs in a way that he was unable to walk. He had a positive history of seizure-like attacks two years prior to admission. During his attacks, only occurring when he was awake and under other’s attention, he was conscious with normal heart rate and arterial blood oxygen saturation while having trembling and pelvic thrusting, well-known symptoms of PNES [2] movements. His brain magnetic resonance imaging (MRI) revealed nothing abnormal. Moreover, the patient’s interictal electroencephalogram (EEG) showed no abnormal cerebral electrical discharge. In addition, his laboratory investigations were normal except for a mild microcytic anemia. Keeping all these findings in mind,

antiepileptic medications (carbamazepine and phenytoin) were prescribed for the patient as treatment of epilepsy. However, he was not responsive to these drugs. Finally, two days after admission in a psychological interview, the patient revealed that he has been under pressure of an intense psychological stress (missing a loved one) two years ago. Immediately after the interview, his situation changed dramatically and he started to walk. The patient was discharged with antidepressant medication (fluoxetine) and psychiatry follow-up. At 6-month follow-up, he was free of symptoms.

It seems that more emphasis on precise history-taking and physical examination along with paying attention to non-epileptic pattern of seizures can help the physicians to differentiate PNES from epileptic ones prior to EEG, MRI or other paraclinical investigations. Early clinical diagnosis of such a psychologically-based disorder prevents unnecessary hospitalization and consequent social and economic costs. [GMJ. 2015;4(3):122]

Keywords: Non-Epileptic Seizure; Psychogenic Seizure; Pelvic Thrusting; Psychology; Diagnosis

References

1. Ashjazadeh N, Kashani K, Sahraian A, Asadi-Pooya AA. Frequency of Depression and Anxiety among Patients with Psychogenic Non-Epileptic Seizures. GMJ. 2014;3(4):202-6.
2. Gröppel G, Kapitany T, Baumgartner C. Cluster analysis of clinical seizure semiology of psychogenic nonepileptic seizures. *Epilepsia*. 2000;41(5):610-4.

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