

**Schizophrenia and Abnormal Paroxysmic Movements Treated by Clonazepam and Valproic Acid : a Case Report**

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**Introduction :**

It is not uncommon for people with schizophrenia to exhibit abnormal movements. These abnormal movements could lead to diagnostic difficulties, and represent a therapeutic challenge.

**Methods and objectives:**

Through a case-report, we illustrate diagnostic difficulties encountered in schizophrenic patients with abnormal movements, mainly if symptoms appear after a trauma.

**Results :**

Mr M.N. is a 30-year-old Tunisian male. His psychiatric family history includes schizophrenia in one sister and bipolar disorder in one brother. His personal medical history comprises a head trauma following an argument with his brother in law. He was explored by computed tomography .

The patient had a three-year history of disorganised schizophrenia, with two suicidal attempts following frustrations. He was treated by Amisulpride 200mg/day. For two years, he has been presenting weekly and during 45 minutes with crises with loss of contact, stereotyped movements of jittering, denudation, masturbation, obscene words, loss of urine and feces. We objectified these crises twice during hospitalization (video sequence registred). The crises ended after Clonazepam administration. We withdrew antipsychotics and put the patient on Valproic Acid and Clonazepam. Then, one day after introducing Risperidone, the patient presented an other attack. Our therapeutic approach was to maintain the patient on Valproic Acid and Clonazepam, with a good outcome. Normal neurological explorations (Electroencephalography and Magnetic Resonance Imaging) made unlikely the diagnosis of epilepsy.

**Conclusion :**

A more holistic and multidisciplinary approach may be needed to further our understanding of the etiology as well as treatment of these motor syndroms.