Frontal Lobe Seizure Presenting as Disorganised Behaviour to a Mental Health Service: A Case Report

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Aims: Epilepsy can present with a wide range of neuropsychiatric manifestations. A seizure episode may take the form of motor convulsions, complex abnormal behaviours or unusual subjective experiences.

Seizures originating in different anatomical locations take characteristic forms, however, there is considerable overlap in the presentation.

Frontal lobe seizures are characterised by motor phenomena which may include complex posturing and behavioural automatism which tend to begin and end abruptly.

This condition is of particular importance to psychiatrists, due to the bizarre nature of automatic behaviour. They may be mistaken as dissociative phenomena or psychotic disorders.

Methods: A 55-year-old female who was previously well, presented to the psychiatric service following episodic disorganised behaviour for two weeks duration. For example, she had cooked rice three times per meal without an apparent reason. Also, she had started collecting a large number of vegetables repeatedly in a shopping centre without a clear purpose. At that time her husband had to forcefully stop her. When inquired later she was unable to recall these events. Family members also noticed that the patient is having episodic repetitive facial movements without losing consciousness.

General physical and neurological examination was normal. Her EEG showed right frontal sharp waves which progress into generalised spikes, suggestive of frontal lobe epilepsy with secondary generalisation. The contrast CT brain was normal. Haematological tests including random blood sugar, serum electrolytes, full blood count, serum calcium levels and the ECG were normal. Intravenous phenytoin sodium was given to control repetitive seizures at the onset.

Subsequently, oral sodium valproate was commenced. She responded well, and symptoms disappeared within a couple of days.

Results: Epilepsy presenting as behavioural and psychiatric manifestations is common but can be easily overlooked. Frontal lobe epilepsy with common aetiology like post traumatic, tumours and genetic causes can have complex seizure semiology.

Overall frontal lobe seizures tend to begin and end abruptly, are brief and frequent. They show a tendency to occur at night and in clusters. Motor phenomena which may include complex posturing and behavioural automatism are usually the most conspicuous feature.

This patient had several bizarre behaviours which could be complex behavioural automatism. The bizarre nature of automatism means that they can often be mistaken for non-epileptic dissociative seizures as well as another psychiatric diagnosis like mania or psychosis.

Conclusion: Our patient highlights the unusual way of presentation of frontal lobe seizures. Clinicians need to be aware of this presentation to minimise possible misdiagnosis and mismanagement.

A Case Report on Prosopometamorphopsia

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Aims: Prosopometamorphopsia is an extremely rare phenomenon where the individual perceives facial distortions in self or others. "Demon face syndrome" and "Alice in Wonderland syndrome" are some lay terms coined to describe this condition.

Methods: We report a case of a male in his thirties, married, and a father of one, who presented to the psychiatry unit perceiving distorted facial features of self (autoprosopometamorphopsia) for eight years with exacerbation since last year. He alluded to his reflection in the mirror as the face of a demon. This resulted in significant social avoidance and rumination of other people's perceptions of his appearance. At the time of presentation, he was having a severe depressive episode with significant occupational and functional decline and was consuming excessive alcohol as a maladaptive coping strategy.

When the symptom first appeared eight years ago while working in the military, he perceived similar distortions in a co-officer's face in addition to his face, which culminated in him resigning from the forces due to the distress. He did not seek medical treatment, and symptoms went into spontaneous remission after a few months. He was satisfactorily functioning until a year ago.

Apart from prosopometamorphopsia, he did not have any other psychotic symptoms or symptoms suggestive of manic episodes. He was diagnosed with anti-NMDA encephalitis one year ago and had suffered seizures. He reportedly lost the neuroimaging and treatment records related to this episode.

Results: The patient was initially diagnosed of Body Dysmorphic Disorder (BDD) and had been treated with adequate trials of antidepressants with very poor response. Due to the severity of depression, functional decline and previous poor response to antidepressants, he was treated with electroconvulsive therapy (ECT) during his current admission. During the one-month post-discharge evaluation, he showed satisfactory improvement and was continued on imipramine 150 mg and olanzapine 20 mg in the night. He was also on topiramate 50 mg nocte from the neurology clinic.

Conclusion: Existing literature reveals that prosopometamorphopsia has an organic basis with malfunctioning brain facial recognition systems playing a critical role in its manifestation. In this patient, a history of NMDA encephalitis suggests neuropsychiatric aetiology. Lack of response to conventional treatment for BDD and good response to ECT indicates that this condition is a different entity warranting tailored treatment.