

“Temp”orarily Missed: A case of Temporal Lobe Epilepsy Complicated by Hyperactive Catatonia

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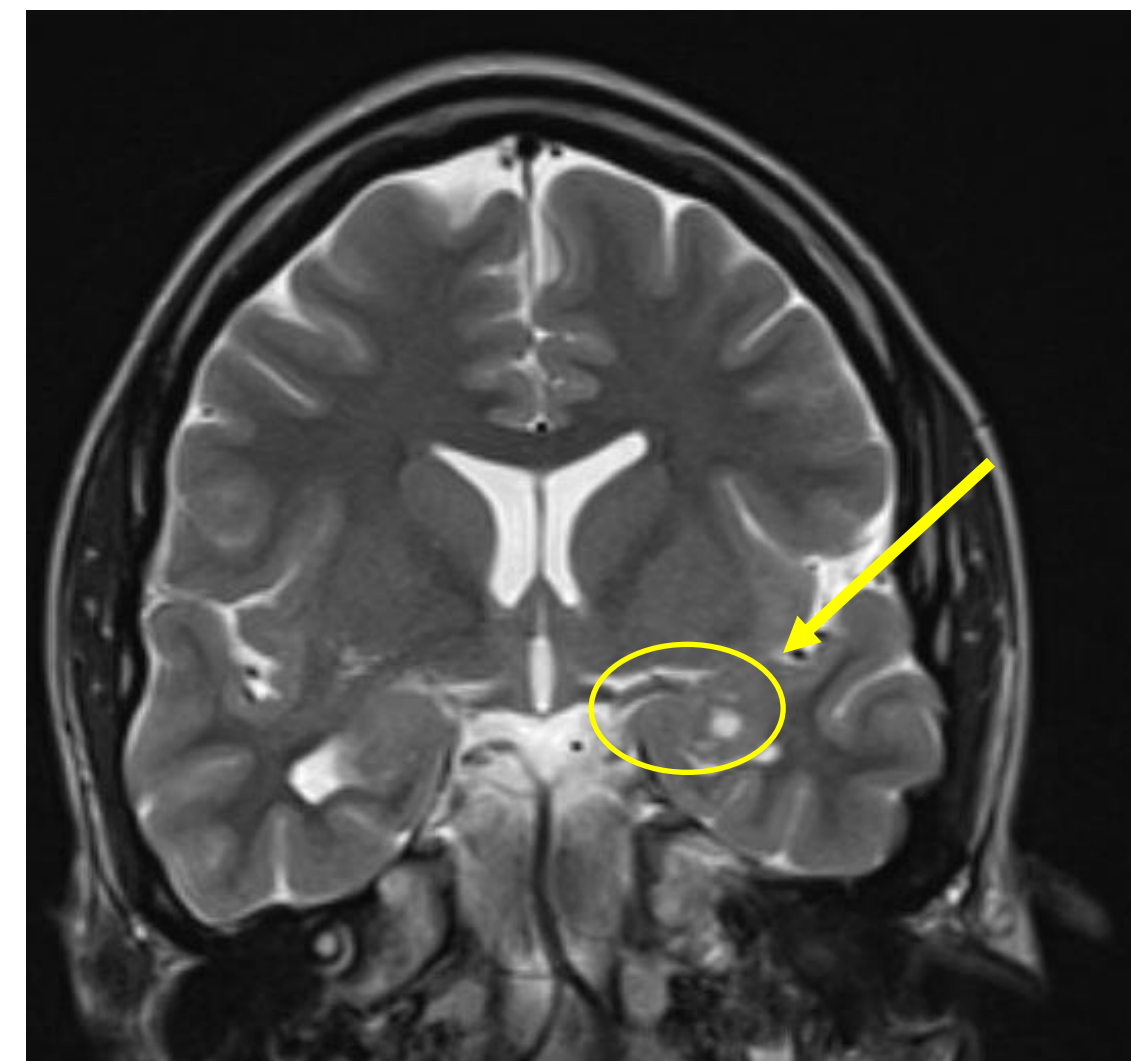
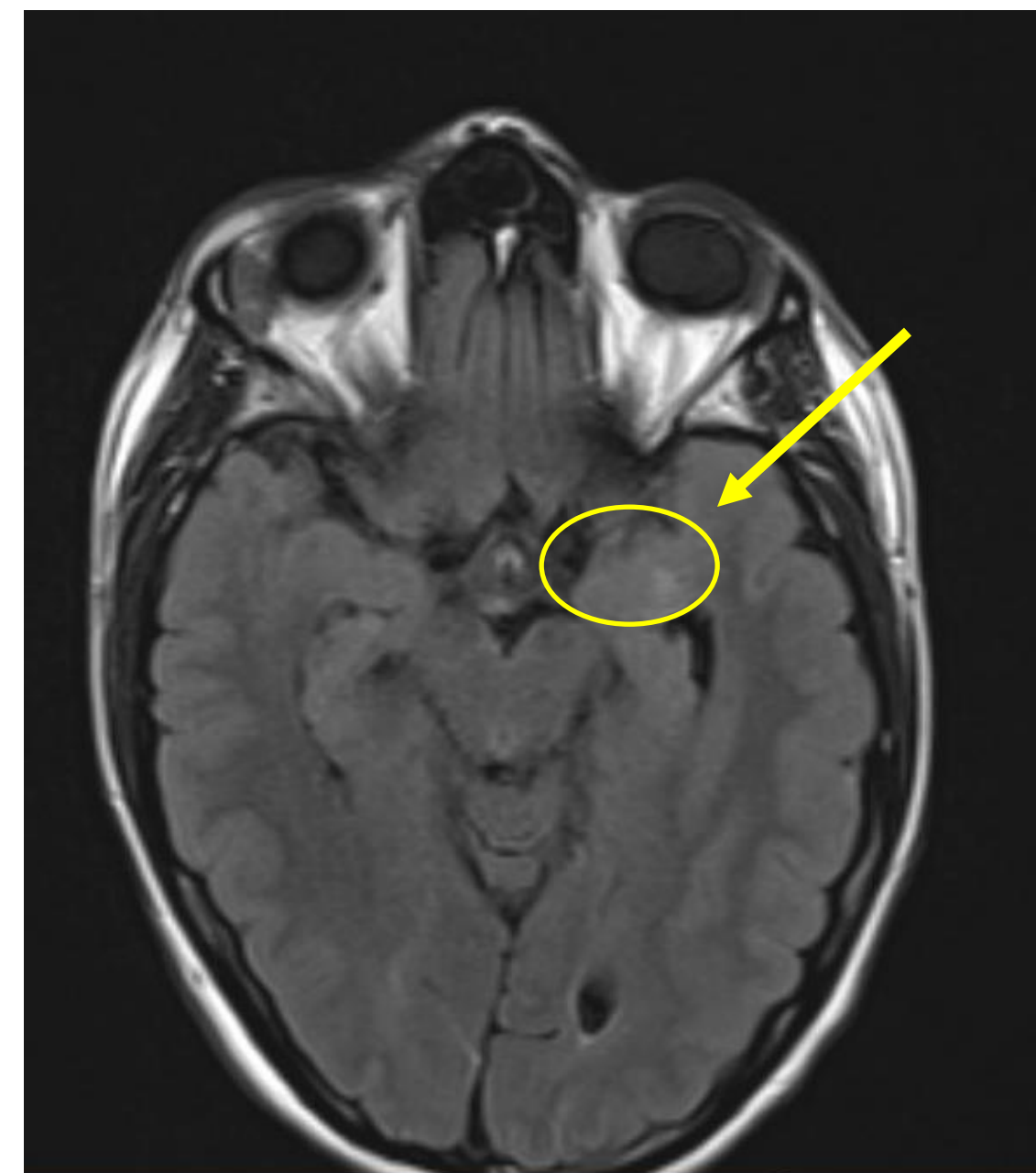
Introduction

Schizophrenia like Psychosis is a notably prevalent condition associated with temporal lobe epilepsy. In fact, between 2-25% of patients (according the literature) have associated psychotic symptoms with epilepsy. Limited description of catatonia in the literature

Case

- Ms. K 35 year old female with a PMH of developmental delay, epilepsy, autism spectrum disorder, possible functional disorders
- Past psychiatric history of catatonia treated with lorazepam and memantine. Left her mute and needing assistance with ADLS
- Diagnosed mistakenly with cerebral palsy, on intrathecal baclofen for many years.
- Presented with agitation and seizure like activity. Seizures included full body contractures and jerking
- Intubated in ICU, not found to have seizures on EEG
- Presented to inpatient psychiatry with change in mental status and suicidal/homicidal ideation. Discharged 4 days later
- Re-admitted to inpatient psychiatry, thought to have excited catatonia. Making bizarre statements with loose associations and physically very active.
- Busch Francis: 18- pressured speech, perseveration, gengenhalten
- Treated with lorazepam 2 mg IV TID
- Busch Francis on Discharge from Psychiatry; 6
- Discharged on lorazepam 1 mg TID PO
- Admitted to epilepsy monitoring unit 1 month later for strange behaviors
- Seen by psychiatry consultants: catatonia resolved, still on Lorazepam 1 mg TID PO
- Sphenoidal electrodes placed during this admission: typical axial tonic started seizure recorded

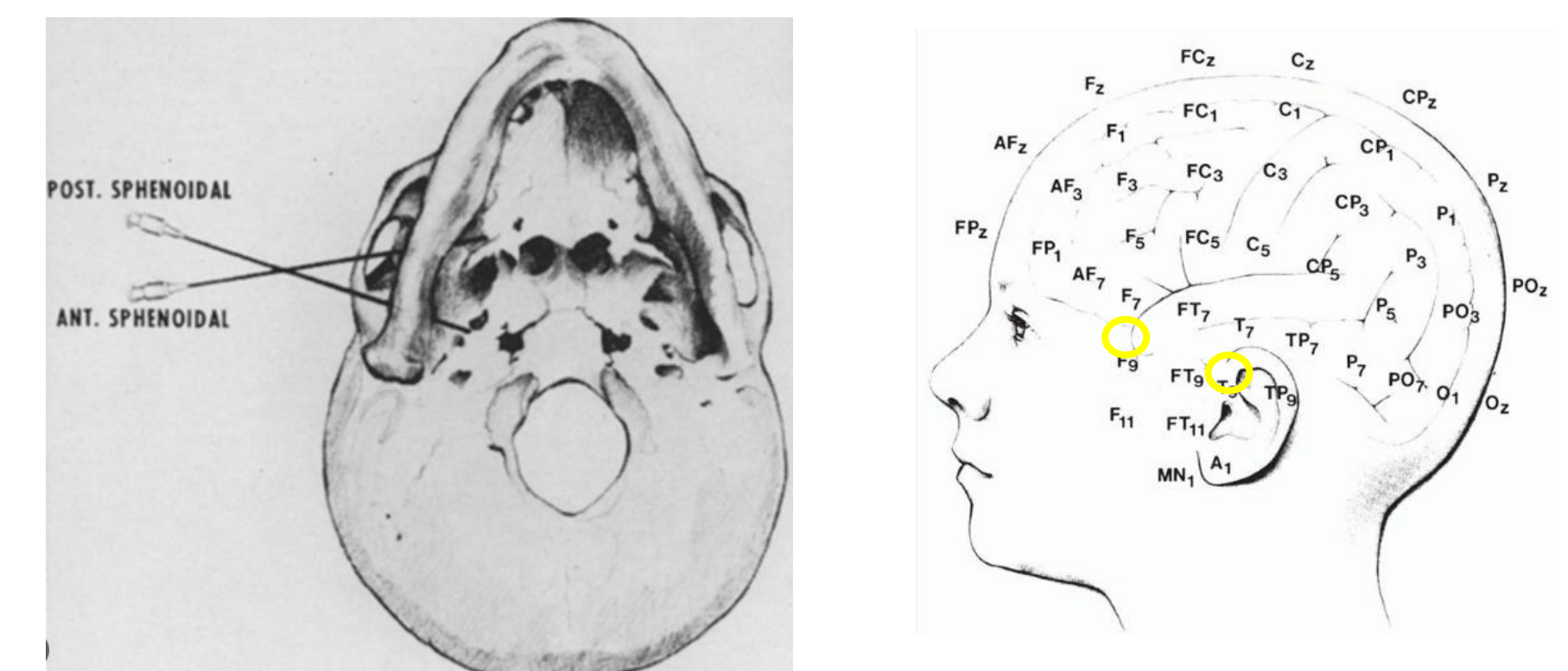
MRI Brain



Mild enlargement of the left amygdala. Possible low grade neoplasm

Conclusion

- Multiple “red herrings”: previous diagnoses of cerebral palsy (never confirmed), functional neurologic syndrome diagnoses, and history of catatonia
- Notable difficulties in identifying inferior mesial temporal region seizures that may/or may not be seen with sphenoidal placed EEG.
- Patient was tapered off of lorazepam and started on a combination of clobazam and levetiracetam (which was a previous medication).
- Has been seizure and catatonic free since.
- Amygdala being monitored, thought to be related to seizure activity



Sphenoidal EEG placement

Discussion

- Associated with the temporal lobe, often with the hippocampal involvement
- SLP often characterized as “interictal psychosis” by the International League against Epilepsy
- SLP often associated with aura, hallucinations déjà vu, jami vu and intense fear. Limited catatonic associations in literature
- References available upon request