

# Recurrent Prolonged Epileptic Fugue State Misdiagnosed as Psychosis? Tale of a Middle-Aged Female Nigerian African



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## **Abstract:**

*A fugue is a state of reversible amnesia for personal identity in which case an individual wanders away from home or place of work for periods of hours, days or even weeks. It could be psychogenic (dissociative) or organic. We report a case of epileptic fugue state in a middle-aged woman treated with carbamazepine after several years of misdiagnosis as a psychotic disorder.*

**Keywords:** Epileptic, Fugue state, Psychosis.

## **Introduction**

Epilepsy may present in a state ranging from automatism which is characterised by seemingly goal directed behaviour in the background of altered consciousness to reversible amnesia for personal identity accompanied by wandering away and interictal behaviors, such as aggression and schizophreniform manifestations.<sup>[1]</sup> The vast majority of such states are psychogenic in nature also known as dissociative fugue state.<sup>[2]</sup> In rare cases, it is due to temporal lobe epilepsy<sup>[3]</sup> or non-convulsive absence status epilepticus.<sup>[4]</sup> When these features are seen, a diagnosis of mental disorder is often made and the condition would be made worse with the use of antipsychotics as most members of this class of drugs reduce seizure threshold in psychotic illnesses of epileptic origin.<sup>[5]</sup>

## **Case report**

The patient is a 58 year old female teacher with 37 years history of recurrent, every three to four month, headache, expressive aphasia and wandering away from home naked. The first episode occurred at night while she was reading, preparing for her senior school certificate examination. No history of mood disturbance, significant stressors or mental conflicts.

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She had been on chlorpromazine, haloperidol and amitriptyline prescribed at a mental health facility on various occasions but with no improvement rather, she was having more frequent symptoms almost every month.

She was conscious at presentation with a Mini Mental State Examination score of 30. Neurological examination was not remarkable likewise other systemic examinations.

A provisional diagnosis of a Recurrent Epileptic Fugue State (REFS) most likely of the temporal lobe epilepsy type was made. EEG, brain MRI, serum electrolytes, fasting blood glucose, full blood count and ESR were ordered for and all the results were essentially normal. The family and social histories were not remarkable.

She was commenced on carbamazepine 100mg daily increased to 200mg twice a day. Other previous medications were discontinued. She has been symptom-free at twelve months follow up after the commencement of carbamazepine and she has resumed duty.

## **Discussion**

We feel it is important to report this case of repeated paroxysmal abnormal behavioural manifestations of epilepsy as a misdiagnosis can lead to poor health related quality of life by depriving the patient of the benefit from the appropriate medications. In this case, for over 37 years of misdiagnosis, this patient has been living a misery life with the attendant stigma.

In epileptic fugues, the behaviour of the patient during the fugue state is less purposeful and not integrated, with

inappropriate care and concern for personal appearance and hygiene; consciousness is disturbed with attendant physical or cognitive abnormalities.<sup>[6]</sup> These exactly were the presentations in our patient as opposed to the manifestations of psychogenic fugue states.<sup>[7]</sup>

The paroxysmal recurrent nature of manifestations with intervening periods of normal functions makes the case to be more likely a seizure disorder.<sup>[8]</sup> The fact that antipsychotics worsened the behavioural manifestations is also a pointer to the fact that it was not a psychotic illness.<sup>[5,9,10]</sup> Although, the EEG done in this patient was normal, it did not rule out the diagnosis of epilepsy as the cerebral location of the cause of this behavioural manifestation is in the limbic cortex, the activities of which cannot be picked by a surface EEG.<sup>[10]</sup>

The fact that our patient was symptom-free in between attacks and no residual focal neurologic deficit during examination ruled out the possibility of any gross structural defect.

The fact that this patient responded to carbamazepine, is also another pointer to the fact that this patient probably had a seizure disorder and not a dissociative or psychotic state. Although, there is a recognition of a group of psychotic illnesses such as mania that are anticonvulsant responsive,<sup>[11]</sup> the fact that the clinical presentations point to temporal lobe epilepsy is unequivocal considering the paroxysmal nature and the age at onset for our patient. As of the time of writing this manuscript, over a year of the commencement carbamazepine, the patient has not developed any episode of the symptoms.

## Conclusion

This is most likely, a case of Recurrent Epileptic Fugue (REFS) initially misdiagnosed as a psychotic disorder. Therefore, health care professional, especially mental health and family physicians should treat cases of episodic abnormal behavioural manifestations with associated neurological features as possible non convulsive types of seizure disorders.

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