CASE REPORT

PSYCHOLOGICAL PILLOW: A RARE SIGN IN CATATONIA

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Abstract

Objective*: Child age group and delay in starting treatment adversely affects response to treatment in catatonia. Symptoms of catatonia include echo phenomenon, mutism, mannerism, stereotypies, posturing, staring, grimacing, negativism, verbigeration, waxy flexibility, *mitgehen, gigenhalten*, automatic obedience etc. The common signs are mutism, posturing, negativism, staring, echo phenomenon, rigidity. *Method:* We report a case of childhood onset catatonia with signs of psychological pillow, both of which are rare conditions. *Results:* Our case was a female child. In this age group full blown catatonia is considered a rare presentation. *Conclusion:* Psychological pillow is a rare catatonic symptom. *ASEAN Journal of Psychiatry, Vol.12 (2): July – December 2011: XX XX.

Key words: psychological pillow, catatonia, clozapine

Introduction

The concept of catatonia was first described by Kahlbaum in 1874 [1]. Catatonic stupor is one of the most dramatic presentation but has become a rare condition nowadays [2]. Introduction of antipsychotic has reduced the incidence of catatonia [3]. Catatonic patients may be hyperkinetic, hypokinetic or stuporous. Symptoms of catatonia include echo phenomenon, mutism, mannerism, stereotypies, posturing, staring, grimacing, negativism, verbigeration, waxy flexibility, mitgehen, gigenhalten, automatic obedience etc. According to DSM IV, presence of two or more symptoms for more than 24 hour time is needed to diagnose catatonia [4]. The common signs are mutism, posturing, negativism, staring, echo phenomenon, rigidity [5]. According to Sheekhalaxmi et al (2008) and Alakananda Dutt et al (2011) mutism is the commonest symptom [6,7]. Incidence of catatonia is 13.5% in Indian psychiatric hospitals [8]. Benegal and colleagues reported that catatonia appears to be more common in India than abroad [9]. Catatonia has been rarely described in children and adolescents [10]. Researchers found incidence of catatonia in children to be 0.6-17% in psychiatric population which is significantly lower than adult frequencies of 7.6-38% [11,12].

We decided to present this interesting case for three reasons: a. Catatonia is rare in childhood and adolescence, b. Psychological pillow is an extreme form of posturing, a rare catatonic sign in day-to-day practice, c. This case only responded to clozapine .

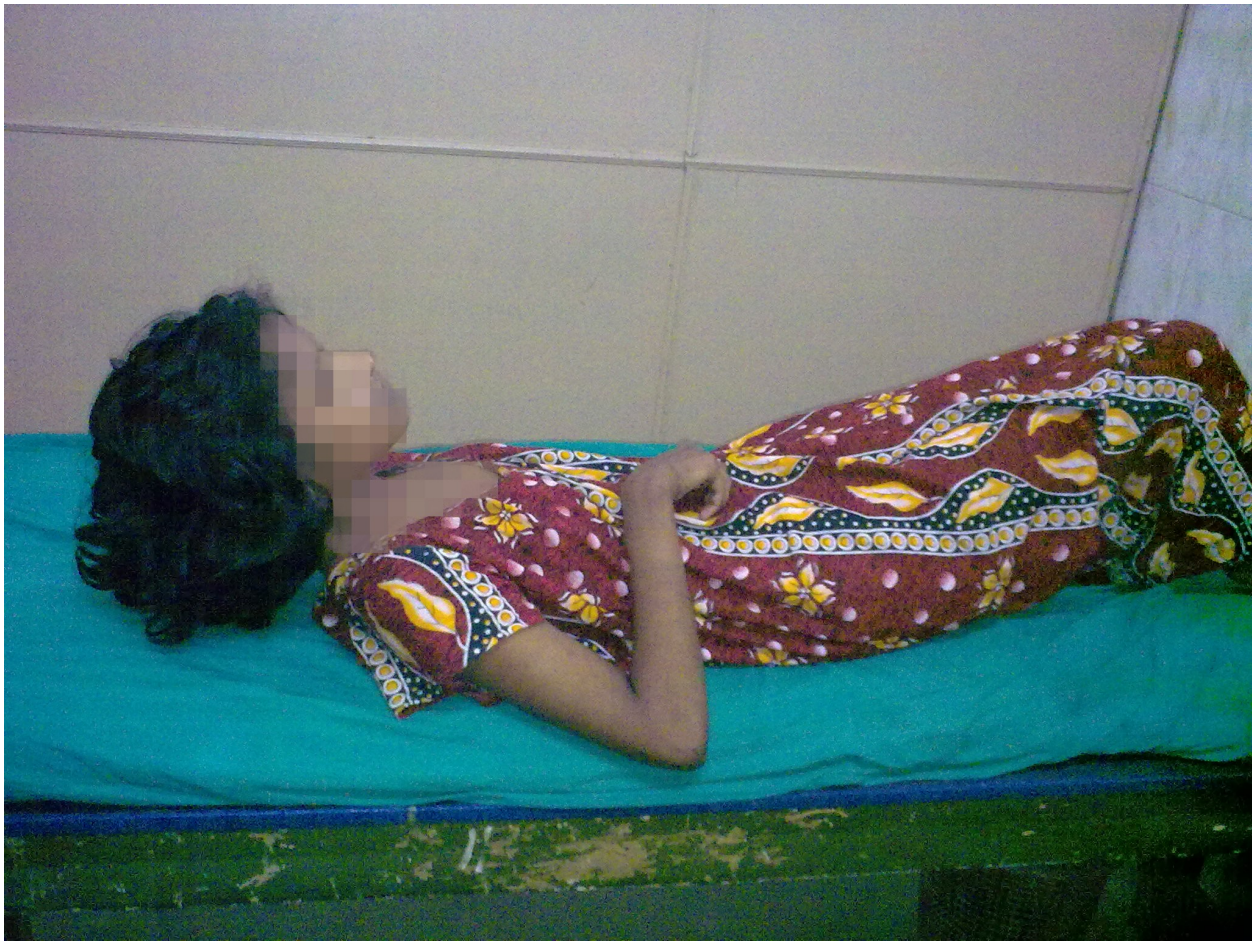
Case Report

A eleven-year-old female Hindu patient from urban background, middle socioeconomic class, education up to class eighth presented with gradual onset and progressive course of stiffness of limbs, episodic agitation, low grade fever, urine incontience, repeating same word and action, non-goal directed episodic bizarre limb movement, and bizarre posturinge for long duration even after being

requested to lie down on a pillow, all for a period of two weeks. On examination there was rigidity, agitation, negativism, posturing, mannerism, stereotypies, echolalia and echopraxia. At times she used to maintain a psychological pillow posture where her head and trunk was guided to move above the pillow for minutes to half an hour even after being allowed to lie down over the bed (photo attached).

The patient was first admitted in neurology ward where after thorough neurological examination and eye examination for Kayser Fleischer ring she was investigated thoroughly with magnetic resonance imaging of the brain, lumbar puncture & cerebrospinal fluid study, , and electroencephalogGram (done twice), which all came out to be within normal limits. Her blood investigation reports were as follows: Hb%-11.9gm%, total leukocyte count 8700/cmm, differential leukocyte count- $N^{65}L^{30}E^{2}B^{0}M^{3}$, total bilirubin- 0.5mg%, SGPT-39 IU/ml, SGOT-42 IU/ml, alkaline phosphatase- 112 IU/ml, creatine phosphokinase- 11, urea-26 mg%, creatinine-0.8 mg%, Na+-136 meq/ml, K+- 3.9 meq/ml, Ca+2- 9.8 meq/ml. Psychiatry referral was done and her score in Bush Francis catatonia rating scale was 36. A diagnosis of Psychotic disorder not otherwise specified with catatonic symptom was made.

She was given intravenous lorazepam up to 4mg thrice daily over next 4 days along with other symptomatic management like Ryle's tube feeding, catheterization to measure intake/output, dextrose saline fluid to maintain electrolyte balance, postural care and anti-pyretics. There was no improvement rather the agitation increased for which olanzapine oral dissolving tablet 15mg/ day was added. After ten days there was no improvement. There after patient was planned for electroconvulsive therapy (ECT) following a board decision . Total of five ECTs were given in a thrice-weekly schedule along with olanzapine after getting written and informed consent from the parents. The score in Bush Francis catatonia rating scale became 42. Then the patient was given clozapine in a gradudal titrating dose from 12.5 mg/ day at night to 200 mg/day in divided doses with the recommended schedule of haematological monitoring. Olanzapine was withdrawn. Her symptoms started improving within 2-3 weeks time at a dose of 150mg/day and above and continued over a period of the next two months as rated by Bush Francis catatonia rating scale in her next two monthly follow up in the outpatient department of psychiatry, scores being 12 and 8 respectively.



Catatonia patient showing psychological pillow sign

Discussion

It has been reported that child age group, delay in starting treatment affects response to treatment adversely in catatonia [10]. Catatonic schizophrenic patients respond to antipsychotics and electro convulsive therapy better than lorazepam [13]. Our case was a female child. In this age group full blown catatonia is considered a rare presentation. She presented with psychological pillow which is an extreme form of posturing. Psychological pillow is a rare catatonic symptom. She did not respond to lorazepam or ECT and not even to olanzapine. She only responded to clozapine .

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Received: 10 October 2011 Accepted: 15 December 2011