Case Report

Dystonia presenting as conversion disorder : a case report

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ABSTRACT

Many neurological disorders are often labelled as conversion disorder. It is pivotal for doctors to take a detailed history and conduct a thorough physical and neurological examination before deciding to rule out an organic cause. We report a case of 25 year female who was misdiagnosed as conversion for her symptoms of stiffening of body and deviation of neck after an altercation with her husband. These symptoms ultimately turned out to be a dystonic reaction as she had consumed an excessive dose of antipsychotic medicine.

Keywords: dystonia, conversion disorder, dystonic reaction, antipsychotic.

INTRODUCTION

The dystonias are a group of diseases characterized by sustained muscular contractions, twisting movements or postures caused by dysfunction of the basal ganglia. Dystonias can be primary/idiopathic or secondary (for e.g. due to encephalitis, associated with neurological diseases, etc.) [1]. Conversion disorders often have symptoms similar to that of neurological illness like paralysis, hypoesthesia, speech difficulties, gait and visual problems [2]. Many neurological cases may be misdiagnosed as conversion disorder particularly in a busy casualty unit of a tertiary general hospital due to a lack of time permitting a detailed evaluation and history taking. We report a case of a female who presented with dystonia in the emergency department and was misdiagnosed as conversion disorder because she had hidden a fact that she had overdosed herself with antipsychotic medications.

CASE REPORT

A 25 year old female patient was referred to our outpatient department by the medicine department for psychiatric evaluation in view of a conversion disorder. She was apparently alright 2 days prior to presentation when she had an altercation with her brother and husband. She had kept her gold on mortgage with a local jeweller for Rs.20,000. Her husband needed the gold to provide him money for renovation of his house in the village. She had hidden the mortgage fact from her husband. When he came to know of this he scolded her and her brother too got upset with her. Next day in the morning, she developed a tightening of whole body, deviation of neck, clenching of teeth and uprolling of the eyeballs. She was not able to speak or swallow. She was immediately taken to a peripheral public

hospital where she was administered injection sodium phenytoin and referred to our hospital. In the emergency ward at our hospital, she was evaluated by the medicine resident doctor and she did not have any deviation or stiffness of limbs. She was given multivitamin tablets and asked to follow up in psychiatry outpatient stating that she was a case of conversion disorder (probable pseudoseizure).

Next morning she visited our department and on taking a detailed history, it was noted that she had the above episode for almost 6 to 8 hours. She was complaining of restlessness and not being able to sit in one place. This raised a suspicion that she must have consumed some poison. She was taken into confidence in the absence of her husband and she admitted that she had consumed 10 tablets of 0.25 mg of haloperidol. She said that she took those tablets as she was angry when he scolded her. The tablets belonged to her mother-in-law who was under treatment elsewhere. She had no intention to kill herself or die and it was an impulsive act on her part. On mental status examination no other psychopathology was evident. There was no stiffening of limbs or rigidity at the time of the interview except for some restlessness.

She was given injection promethazine 25mg deep intra muscular and referred back to medicine for admission in view of excess tablet consumption (as per protocol of hospital even though she did not have any signs of toxicity). She was admitted for one day in the medical ward and the next day we started her on tablet trihexyphenidyl 4mg and clonazepam 0.5mg in divided doses. She followed up after 5 days and was perfectly alright. Her medication was withdrawn over a week.

DISCUSSION

Conversion disorder is a disorder in which psychological stress is reflected in physical stress and the symptoms are usually precipitated by social difficulties in life or future concerns [3]. The patient in our case had symptoms starting after an altercation with her husband and brother. But the fact against a diagnosis of conversion disorder was the long duration of her stiffening of limbs i.e. for 6 to 8 hours which is unlikely in conversion (which is rather short and episodic). She had a lot of restlessness which was missed by doctors initially. Literature shows that neurological disorders like dystonia and paralysis are very prone to be misdiagnosed as conversion [4]. Meige's syndrome has also been misdiagnosed as conversion initially [5]. Our case emphasises the importance of having a broader outlook while examining a patient and doctors should not hesitate to rule out all organic cause before labelling a patient as conversion disorder.

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