

LETTERS TO THE EDITOR

PROFFSCHIZOPHRENIA

CASE REPORT

A 15-year-old girl, a known case of Trisomy 21 with mental retardation was referred to Child Guidance Clinic by Principle of a Special School for Handicapped Children as the girl was noted to be showing 'peculiar behavioral oddities' of few days duration. Parents complained of strange hand movements, sleeplessness and less talk as compared with earlier of two months duration. Detailed history revealed abrupt onset without any precipitating event two months back when the girl started remaining awake at night, showing decreased interest in previously enjoyed activities such as watching television, staring at roof, abnormal and strange movements of hands, smiling and muttering to herself. Whenever parents tried to interrupt her she showed increased reaction time. Subsequently, she was noted not concentrating on her studies and showing no interest in any other activities such as talking with family members or others.

Teacher reported that child was showing no interest in studies or play and staying in her own world, staring blankly and doing abnormal movements of the hands. Past history was not significant. Family hailed from Kerala. No history of mental illnesses was noted in the family. She was a full term normal delivery, though noted to have all milestones delayed. When admitted in School, she studied in 'Balwadi' (Lower KG) for 04 years, and remained in 1st standard till she was 13 years old. Subsequently she was admitted in a Special School. Premorbidly she was well adjusted with her environment.

Physical examination revealed evidence of retarded physical growth, stigmata of Trisomy 21 such as saddle nose, increased intracanthal distance, downward slant of forehead, low set ears, thick neck and furrowed tongue. Systemic examination including fundus examination was within normal limits. During mental status examination she was noted to be smiling and muttering to herself though no movement anomalies were noted. Psychomotor activity was normal. Speech was fluent, well-articulated but irrelevant at times. Mood was euthymic; affect was inappropriate at times. Bizarre delusions and visual hallucinations were noted (she talked about a goat packed in a pitcher, which is buried in her home yard. She described the goat as having big noses and mouth, which makes her laugh. She also stated that the goat at times makes a husky noise that makes her fearful. Goat talks to her as well). Intelligence testing showed her to be moderately retarded. Other higher mental functions were intact. Judgement and insight were impaired. Biodrives were disturbed. Biochemical and radiological investigations revealed no physical abnormality. Psychometry revealed evidence of mental retardation and psychosis. She was

treated with low dose haloperidol along with trihexyphenidyl with gradual but definite improvement. Review after 6 weeks revealed no psychotic features, though she did not have full insight into her illness. The girl had stopped behaving abnormally, and had started taking interest in usual activities.

DISCUSSION

Schizophrenia is less common in young age group and further considered as difficult to diagnose in mentally retarded children. In studies of proffschizophrenia (schizophrenia in mentally retarded children) hallucinations, thought disorder and incongruous affect has been consistently found; systematic delusions and catatonic symptoms are less common. The crux of diagnosing such conditions is to understand the influence of developmental difference in language and cognition on spectrum and quality of symptom presentation.

REFERENCES

- American Academy of Child and Adolescent Psychiatry (1997). Practice parameters for the assessment and treatment of children and adolescents with schizophrenia. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36 (suppl):177S.
- Eggers, C, & Bunk, D. (1997). Long term Course of early onset schizophrenia. *Schizophrenia Bulletin*, 23: 105.

Dr. AM Choudhary, Consultant Psychiatrist, Pune; Sqn Ldr A Gupta, Resident Dept of Psychiatry, AFMC, Pune.

SEVERE ALPRAZOLAM WITHDRAWAL

Alprazolam withdrawal is a known clinical entity and often faced by clinicians. Studies have shown that the withdrawal features usually persist for about three weeks after discontinuation of alprazolam. We report a patient who had unusually prolonged and severe withdrawal features.