



# Giving Neurons Relaxation after Hyperactivity: A Case Report and Literature Review of Post Ictal Catatonia

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**PUBLISHED ABSTRACT** 

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#### **ABSTRACT**

**Background:** Catatonia is a common psychiatric manifestation of multiple diagnosis such as Schizophrenia and Mood Disorders. It presents as a symptom cluster of psychomotor and behavioral symptoms such as automatism, negativism, waxy flexibility, echolalia amongst others. Papers have alluded to the existence of Schizophrenia like Psychosis (SLP) in patients who have Epilepsy, especially, Frontal and Temporal Lobe Epilepsy. However, very few papers talk of the occurrence of catatonic features in a patient in the post ictal period.

**Materials and Methods:** In our poster, we will present a case of catatonia following the onset of a seizure and will also review existing literature which alludes to the topic.

**Case Report:** Our patient is a 58-year-old male with current psychiatric diagnoses of Dissociative Amnesia, Diabetes Type II and Hypertension who was sent to the medical unit after he was found unresponsive by nurse staff. He was noted to be having a seizure with rapid twitching of eyelids and uncontrolled movement and appeared post-ictal afterwards, including having no memory of the episode.

**Discussion:** Studies have alluded to Frontal Lobe Epilepsy (FLE) and Temporal Lobe epilepsy (TLE) to correlate mostly with SLP. Adachi et al, found that FLE correlated more with the hebephrenic presentation of blunted affect, disorganized thought and asociality while TLE corresponded more with paranoia, hallucinations and delusions. However, their study found limited occurrence of catatonic features. Catatonia has been found to be associated with unique findings on imaging. PET Scans have shown frontal and temporal hypometabolism. MRI has found wh8ite matter abnormalities. SPECT Scans also showed frontal and temporal hypometabolism. Given the changes seen by Adachi et al as well as the findings on imaging in catatonic patients, it could be assumed that epilepsy, especially in the frontal and temporal region may lead to catatonic features. However, our literature search found limited data about post and inter ictal catatonia.

**Conclusion:** Further research into functional imaging in catatonia and the impact of seizures in FLE and TLE may further validate this finding. This may have treatment implications as Benzodiazepines are the preferred treatment modality for catatonia and seizures.

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## **COMPETING INTEREST**

The authors have no competing interests to declare.

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