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Conversion Gilles de la Tourette syndrome. A case report

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Introducción. Tourette's syndrome is a neurological disorder of genetic order that begins in childhood, being characterized by the presence of multiple phonic and motor tics.

Clinical case. A male with previous dissociative and conversion psychopathology initiated motor and phonic tics in the adulthood in the context of several inter and intrapersonal conflicts beginning in childhood. No improvement was observed when drug treatment was established, there being partial response with psychotherapy oriented to coping with threatening situations.

Conclusions. The psychopathology of the obsessive-compulsive spectrum having a conversion and dissociative origin is an unusual phenomenon, this being observed in constitutionally predisposed subjects. Conversion tics are a nosologic challenge, given the fluctuations and exacerbations due to stress also manifested by their neurological homonyms. More specific criteria are necessary in order to optimize the diagnosis of this «psychogenic movement disorder».

Key words:
Tourette syndrome. Conversion disorder. Adulthood onset. Psychogenic movement disorder.

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Síndrome de Gilles de la Tourette conversivo. A propósito de un caso.

Introducciónn. El síndrome de Tourette es un trastorno neurológico de orden genético que se inicia en la infancia, caracterizándose por la presencia de múltiples tics motores y fónicos.

Caso clínico. Se expone el caso de un varón, con antecedentes psicopatológicos disociativos y conversivos, que inició en la adultez un cuadro de tics motores y fónicos en el contexto de diversos conflictos interpersonales e intrapersonales de evolución desde la infancia. Con la instauración del tratamiento farmacológico no se apreció mejoría alguna, obteniéndose una respuesta parcial a la psicoterapia centrada en el afrontamiento de las situaciones amenazantes.

Conclusiones. La psicopatología del espectro obsesivo-compulsivo que presenta naturaleza conversiva y disociativa es un fenómeno inusual, observable en sujetos predispuestos constitucionalmente. Los tics conversivos constituyen un reto nosológico, dadas las fluctuaciones y exacerbaciones ante el estrés que manifiestan también sus homónimos neurológicos. Se hacen necesarios unos criterios operativos más específicos para optimizar la validez diagnóstica de este «trastorno del movimiento psicógeno».

Palabras clave:
Síndrome de Tourette, trastorno de conversión, inicio adultez, trastorno del movimiento psicógeno..

INTRODUCTION

The Gilles de la Tourette syndrome is a neurological disorder of genetic origin that begins in childhood. It is characterized by the presence of non-transitory phonic and motor tics.

CLINICAL CASE

The case of a 24-year old male who lives with his mother and sister is presented. The patient was a clerk in a law firm. He was referred to the Psychiatric out-patient clinic due to a tic picture.

REASON FOR CONSULTATION

The patient reported motor and verbal ticks for the last 4 months, with some complaints from the neighbors, and work absenteeism. He stated that they were precipitated by

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frustrations «if something was not perfect», by critical comments or work pressure.

PERSONAL BACKGROUND

He was born by normal delivery without incidence. He had psychomotor clumsiness, which lead to his being made fun of in school. Temperamentally, he was an introverted child who was a perfectionist. In his childhood, his mother exposed him to continuous scholastic examinations exercises, with physical punishments and criticisms if he did not do them rigorously. His father, a professional military man, continuously discredited the behavior of others. The patient began to perform stereotypal self-aggressions from the time he was 6 years old, and he hit his head and chest with his fist when angry. On the interpersonal level, he stood out for his null assertive and highly gregarious nature. At school, his only source of interest was the scholastic results. Beginning with the university, his fear of failure negatively affected his performance. His father died from an adverse drug reaction when he was 23; he no longer experienced emotions.

PSYCHIATRIC BACKGROUNDS

Familial: there is no known (neuro)psychiatric disease.

Personal (16-23 years): auditory pseudohallucinations and fluctuating childish visual hallucinosis (stress due to exams); he showed affective indifference. They remitted spontaneously.

CLINICAL EXAMINATION

During the interview, he was found to be aware and awake. Overly cordial attitude. Oriented in time, place and person. No attentional or memory alterations. Speech was fluid and coherent with tendency to systematization. Content was focused on his concerns about professional performance, presenting self-criticisms over a background of hyper-responsibility. On the affective level, apathy accompanied by somatic anxiety stood out. On the psychomotor level, there were motor and vocal tics, both simple and complex (palilalia and echolalia), frequently in very short episodes. Some inconsistent dyskinesias in the lower limbs were also observed. He demonstrated affective distancing from the tics. He accepted a possible psychogenic etiology.

COMPLEMENTARY TESTS

Biochemical, complete blood test, thyroid hormones and urine: normal.

EEG, CT scan, MRI and PET: normal.

DIAGNOSES

Conversion disorder with motor symptoms (Tourette syndrome) F44.4.

Obsessive-compulsive personality disorder F60.5.

COURSE AND TREATMENT

During the first 2 years, he received out-patient treatment, no response to different antipsychotic and anti-seizure drugs being observed. He was admitted 3 times to the area Psychiatry Ward, the tics remitting abruptly and spontaneously with the hospitalizations. After he was admitted to the Middle Stay Unit Pare Jofré. By approaching the social skills and exposure to the threatening contexts, partial control of the tics with relaxation was obtained.

CONCLUSIONS

The phenomenon of the symptoms of the obsessive-compulsive spectrum of «hysteric nature» has been described little in the psychiatric literature[1,2]. It is characteristic of subjects with an obsessive-compulsive constitutional predisposition[3], who also manifest other compensatory mechanisms (intellectualization, reactive formation)[4]. It has been maintained that this personal diathesis would reflect a deficit in self-regulation of rage, its expression not having been validated in childhood by significant figures. In said context, the self-injury stereotypes would be a dissociative mechanism (displaced aggression), by which the rage is directed toward a Self that is punished on experiencing intolerable heteroaggressive impulses[5]. All of this would be a paradigmatic example of the convergence between the more biological aspects (temperament) and functional ones (defense mechanisms) in the genesis of the mental disease.

Regarding the adult onset multiple tics, most have been observed after cranioencephalic trauma (CET), cocaine abuse, neuroleptic medication, Huntington's Chorea, etc. Hardly any cases have been labeled as «idiopathic»[6], and its conversion nature has been documented only rarely[7]. In order to improve its diagnostic validity, some attempts have been made to operativize the pseudoneurological motor alterations[8,9], establishing some criteria for the «psychogenic movement disorders.» In spite of this, the possibility of stopping the conversion nature of the tics is an additional nosological challenge, given that the neurological tics also fluctuate due to stress and may sometimes coexist[10].

In summary, conversion Tourette syndrome is an unusual mental disorder that is sometimes considered not to exist[11]. It should be taken into account when there are other inconsistent movements, very short episodes, late onset age, hysteric backgrounds and remissions associated exclusively to psychotherapy or to environmental modifications.

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