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Psychiatric Manifestation of SSPE

SIR: Subacute sclerosing panencephalitis (SSPE) is a slowly progressive disorder that is typically seen in children and adolescents and has an invariably fatal outcome.[1] Subacute sclerosing panencephalitis (SSPE) has been reported from all parts of the world, but in the West it is considered a rare disease with fewer than 10 cases per year reported in the United States.[2] Few reports exist of SSPE initially presenting with psychiatric symptoms. We would like to report a child who initially presented to a psychiatry clinic and was later diagnosed with SSPE.

Case Report

A 13-year-old boy with no family history of any psychiatric or neurological illness presented to the neurology outpatient clinic with difficulty in walking. The boy was apparently well about 2 months prior when the parents noticed that the child had become unusually quiet and withdrawn. He began to show less interest in his studies and refused to meet his friends, confining himself to his house most of the day. The usual cheerfulness and naughtiness of the child had disappeared and he showed little inclination for talking to his parents and siblings. On a few occasions his parents found him crying without any particular reason. The patient also started having difficulty in memorizing his schoolwork and finishing his homework began to take longer. A month later the patient would laugh without any particular reason and would start crying when he was questioned. These rapid changes of mood made the parents seek a psychiatric consultation and he was diagnosed with having major depression and was prescribed fluoxetine, 20mg/day, by the psychiatrist. The boy developed difficulty in walking and needed support to walk a week later. The parents noticed sudden jerks of the upper limbs and sought a neurology consultation. The child had not received a mumps, measles, and rumps vaccination and had measles at the age of 5. The physical examination was normal with myoclonic jerks in the upper limbs. A mental state examination revealed labile affect, with no delusions or hallucinations. Initial computed tomography (CT) scan and magnetic resonance imaging scan did not reveal any abnormality. The EEG showed bilaterally symmetrical periodic complexes. The CSF immunological study tested positive for IgG measles antibody in high titers. A diagnosis of SSPE was made and the parents were counseled about the illness and the prognosis. The child's condition rapidly deteriorated and he was completely bedridden.

Comment

SSPE is a unique slow viral disease in which the measles virus has been identified as the pathogen. The usual age of onset is between 5 and 12 years.[1] Psychiatric manifestations of SSPE that have been reported include schizophrenia with delusions and hallucinations and nonspecific psychosis.[3,4] The emotional lability and depressive symptoms in the initial phase of the illness is interesting. Psychiatrists should be aware of the varied presentations of SSPE and should include it in the differential diagnosis of a young child presenting with cognitive decline and depressive symptoms.

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Othello Syndrome Secondary to Right Orbitofrontal Lobe Excision

The Othello syndrome, or delusional jealousy, is a content-specific delusion characterized by the belief that the spouse or sexual partner is unfaithful.[1] The pathophysiological and psychological mechanisms underlying the development of the syndrome in patients with cerebral disorders remain unclear. It has been suggested that cognitive deficit plays an important role, but spe-

cific neural substrate has not yet been established.[1]

Case Report

The patient, a 61-year-old right handed woman with no psychiatric history, presented 1-year history of increasingly jealous behavior. She had no evidence of premorbid jealousy or paranoid personality traits. Her husband had been a trading company employee, and frequently made business trips. In 1985, she suffered from tuberculum sellae meningioma. The right orbitofrontal cortex was removed in the process of extirpating the meningioma through intrahemisphere approach. Following the operation, she became irritable and pathologically persistent. She persisted in saying that her son should marry in haste, which ultimated in his running away from home. In 2001, she started to accuse her husband of infidelity. She insisted that he was having an affair with a 70-year-old woman who was a member of their ground golf circle. Also, she believed that they held a wedding ceremony and had more than 10,000 children. At this point, she had a medical examination. She was normotensive and blood chemistry and hematology were normal. The Hasegawa Dementia Rating Scale–Revised score was 30/30. An MRI scan revealed a deficit of the right orbitofrontal cortex.

In 2001, her accusations became more severe and her husband consulted our clinic. Mental state examination revealed that she tended to confabulate and was easily distracted. Her speech was grammatically correct. In addition to delusional jealousy, she experienced auditory hallucinations that told her her husband was unfaithful. She believed that her husband's mistress would frequently visit their house and steal things. She pinched a piece of paper in the door to see if someone came into her home when she went out. Her Mini-Mental State examination (MMSE) score was 29/30. She could remember five items and her autobiographical memory was intact. Her family history for mental illness was negative.

Her husband reported that she bought unnecessary articles and sometimes coerced him to shoplift. Her son complained that she repeatedly called him and tried to persuade him to marry. In addition, she sometimes made sexual jokes to him and complained about her sexless life. Because she refused medicine, we offered a supportive psychotherapy to her husband to relieve his burden. As he became adept at dealing with her accusations, the frequency and severity of her accusations gradually decreased.

Comment

The present patient was unique in having localized cerebral pathology. In previous reports of organic Othello syndrome, lesion areas were rather broad.[2–4] This case suggests that the Othello syndrome may be caused solely by right orbitofrontal lesions. In men, it is suggested that sexual dysfunction plays an important role in the development of this syndrome. Although our patient did not have sexual dysfunction, hypersexuality might cause an excessive sex drive. In addition to hypersexuality, she revealed frontal lobe syndrome, including antisocial behavior and distractibility. Dysfunction of the frontal system might preclude her from correcting her misbelief in the face of contradictory evidence, which was suggested in other content-specific delusions.[5] Finally, the additional role of psychological stress, such as solitude, which is common in middle-aged woman, should also be underlined.

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Schizophrenia-Like Psychosis Following Right Putaminal Infarction

SIR: Schizophrenic symptoms are sometimes caused by physical disorders affecting brain function. Neuroimaging findings in these cases give useful information for understanding the neuropsychiatric background of schizophrenic symptoms, especially in early stage neurodegenerative disease and focal cerebrovascular disorders. Here, we report a case of schizophrenia-like psychosis following right putaminal infarction.

Case Report

The patient was a 40-year-old right-handed Japanese high-school graduate without a history of psychotic illness. Following her father's