Non-convulsive status epilepticus presenting as a psychiatric condition

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SUMMARY
Non-convulsive status epilepticus may present as confusion, behavioural disturbances and psychiatric conditions. We present the case of a 17-year-old man who had episodes of non-convulsive status epilepticus as his only manifestation of epilepsy which was mis-diagnosed as a psychiatric condition for over 10 years. He has had almost complete resolution of his symptoms with the introduction of carbamazepine. Non-convulsive status epilepticus is probably commoner than previously thought, and should be considered as a possible diagnosis in all patients presenting with prolonged episodes of altered consciousness even without other manifestations of epilepsy.

INTRODUCTION
Non-convulsive status epilepticus has been a recognized entity for 40 years, usually presenting as a prolonged episode of altered consciousness in an epileptic patient. We present a case of partial epilepsy of temporal lobe origin, the only manifestations of which were episodes of non-convulsive status and interictal social and intellectual underfunctioning with no history of overt seizures, which was misdiagnosed as a psychiatric illness for 10 years.

CASE HISTORY
The patient is a 17-year-old male, who was well until the age of 7 years with no previous history of epilepsy, when he developed ‘dizzy’ spells (episodes of altered consciousness), which occurred two to five times a year. He would become progressively withdrawn and enter a period lasting from 4 to 30 days during which he would be unable to com-
The precise frequency of non-convulsive status epilepticus is unknown, but it is almost certainly an under-diagnosed and under-recognized entity3-8. In addition, non-convulsive status epilepticus is frequently a recurrent phenomenon9. Clinicians should thus be aware of the possible diagnosis of non-convulsive status in patients presenting with prolonged, but episodic occurrences of altered consciousness even without other manifestations of epilepsy. In these cases an EEG should be performed between episodes and ideally during an episode.

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