SEIZURE RELATED SEXUAL DISORDER

Lt Col SK MAYANIL ^{*}, Col PS VALDIYA ⁺,
Col AP SINGH [#]

MJAFI 1999; 55 : 159-160

KEY WORDS: Complex partial seizure; Sexual seizure.

Introduction

The relationship between limbic system, epilepsy and psychiatric syndromes is varied and complex. Complex partial seizures (CPS) constitute almost 55 % of all seizures and approximately 80% of all CPS are of temporal lobe origin. Extratemporal CPS most frequently emanate from the frontal lobes [1]. Sexual disorders that occur in association with epilepsy may be classified according to whether the disturbance is ictal or interictal, and according to whether it is primarily one of drive or direction [2]. We report a case of ictus related sexual disorder.

Case Report

A 29-years-old lady was referred to the psychiatrist as a case of hypersexuality (nymphomania) on 12 Sept 96 with complaint of increased desire for sex of seven months duration. The onset was insidious and the course progressive. Initially the frequency of sexual acts was once a day, 1-2 times a month, which at the time of referral increased to 4-5 acts per day, occurring 4-5 times a month. As the disease progressed, husband found it difficult to cope up with her ever growing sexual demands as she would get excited in the presence of strangers, elderly family members and even in public places like bus stand. The patient reported that she suddenly felt an intense, irresistible desire for sex and pleasant sensation in the genitalia. Though she did not have a clear recollection of the subsequent events, her husband told that she would indulge in auto erotic practices like rubbing and fondling of the genitalia and orgasmic rhythmic contractions of the muscles of the lower abdomen, perineum, thighs and legs lasting for 5-10 minutes. Her recovery would then be associated with partial responsiveness to the surroundings lasting 10-15 minutes during which she would give a blank stare. It was reported that in some of the latter attacks she lost consciousness -causing concern to the family members.

There was no significant past or family history. Eldest daughter of a retired school teacher, her childhood upbringing was quite conservative and religious. She was married at the age of 15 years. The couple was sexually compatible and there was no extramarital exposure. They had four children. Physical examination was normal. Biochemical and metabolic parameters were within normal limits. Psychologically, she was anxious and worried, felt embarrassed and guilty to discuss about her illness. She was further investigated as no clear-cut psychiatric pattern was forthcoming. CT scan of the head was normal. EEG done in the interictal period

revealed spikes and slow waves more in bitemporal regions. The patient was finally diagnosed as a case of complex seizure (CPS). She was treated with tab carbamazepine 200 mg three times a day and became asymptomatic within 4 weeks. She could be followed up for a period of one year during which time, she maintained improvement.

Discussion

The relationship between sexual behaviour and epilepsy is varied and complex. Normal sexual activity may provoke a seizure and quite possibly, certain types of seizures may stimulate normal sexual behaviour. The patient was referred as a case of hypersexuality (nymphomania). Her final diagnosis was complex partial seizure (CPS) which was confirmed by electroencephalographic studies. She manifested with repeated episodes, each consisting of sexual aura, auto erotic and orgasmic automatisms and partially impaired consciousness. As the disease progressed, she had unconsciousness too. Spiers et al [3] observed that sexual seizures are rare, and our knowledge is derived from various case studies. Women patients with temporal lobe seizures have been more frequently reported than men [4]. The onset of seizure has been observed to be at a relatively late age with the mean age being 27 years [5]. The patient in our case report is a female aged 29 years. Going through various case reports, sexual seizures from temporal lobes, from a phenomenological view point have been observed to be of the following three types: (A) where the ictus may commence with sexual aura which may be either localised to genitalia or diffuse, (b) where the ictus may manifest with sexual automatisms and (c) where ictus aura is followed by sexual automatism [2]. This case belongs to the last category. Further, Spencer et al [6] described four cases of sexual automatisms occurring in association with frontal lobe lesions which were indistinguishable clinically from those with origin in temporal lobes. Sexual automatism of frontal lobe origin may also follow sexual auras originating

^{*} Classified Specialist in Psychiatry, [#] Senior Advisor (Medicine and Neurology), Command Hospital, Southern Command, Pune-40, ⁺ Professor and Head, Department of Psychiatry, Armed Forces Medical College, Pune-40.

from anterior temporal lobe foci. It has been further suggested that sexual emotions or the sexual auras may be localized in the temporal lobe portion of the limbic system and the complex motor behaviour or sexual automatisms may be localised to the frontal lobe portion of the limbic system [5].

REFERENCES

1. Cascino GD. Intractable partial epilepsy: evaluation and treatment. *Mayo Clinic Proceedings*, 1990;1578-86.
2. Toone B. Sexual disorders in epilepsy. In: Podley TA, Moldrun BS, editors. *Advances in Epilepsy*. London: Churchill Livingstone, 1986;233-58.
3. Spiers FA, Schomer DL, Blume HW, et al. Behavioural alterations in temporolimbic epilepsy. In: Bennet TL, editor. *The Neuropsychology of Epilepsy*. New York: Plenum Press, 1992;97-138.
4. Gloor P. Neurobiological substrate of ictal behavioural changes. In: Smith D, Treiman D, Trimble M, editors. *Advances in Neurology*, vol 55. New York: Raven Press Limited, 1991;1-34.
5. Remillard G, Adermann F, Testa GF, et al. Sexual ictal manifestations in women with temporal lobe epilepsy: A finding suggesting sexual dimorphism in the human brain. *Neurology* 1983;33:323-30.
6. Spencer SF, Spencer DD, Williamson TD, et al. Sexual automatisms in complex partial seizures. *Neurology* 1983; 33:327-33.