A Calling to Become a Priest: a Case of Psychotic Symptoms in a Patient with Temporal Lobe Epilepsy

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Introduction

The nature of the relationship between psychosis and epilepsy has been of great interest to psychiatrists given that epilepsy has long been shown to be a risk factor for psychosis. Several studies report a higher prevalence of psychosis in patients with epilepsy compared with the general population. In particular, postictal psychosis has been described as the most common form of psychosis in patients with temporal lobe epilepsy or refractory epilepsy.

We describe a clinical case of an epileptic patient who travelled from Portugal to London to become a priest during a postictal psychotic episode.

Clinical Case

PR, a 48-year-old man, divorced, working as a english professor, was send to the Psychiatry Department after being admitted at the Hospital of Cascais Emergency Department with post-ictal anxiety, agitation and heteroagressivity.

He was diagnosed with epilepsy at age 18 with a predominantly refractory right temporal lobe epilepsy. The epileptic episodes were characterized by lost of self awareness and oral-mandibular moviments. No tonic-clonic seizures were documented.

The patient's psychiatric history started at age 42 when he had his first psychotic episode with auditory allucinations, persecutory and religious-mystical delusions. Since then he had several self-limited postictal psychotic episodes, most of which the patient does not remember.

In one of this episodes, he "felt" a calling and travelled to London to become a priest. He stayed there for several days and then return to Portugal. In another episode, he run away from the doctor's office fell down and had a sub-dural hematome, with no need of surgical intervention.

He was also observed in the Neurology Department and a Electroencephalogram (EEG) and a CT Scan (CT) were made. The EEG identified a right anterior temporal lobe paroxistic activity (figure 1) and the CT reported a non-acute subcortical hipodensity vascular in nature, in the right parietal lobe. All blood tests were normal.

Results

We was medicated in partneship with the Neurology department with: escitalopram 10 mg id; diazepam 5mg bid; trazodone AC 150mg id; lamotrigine 100mg bid; lacosamide 100mg id; valproico acid 1500mg id; and risperidone 2mg id. The patient still have absence seizures on a daily basis but the remission of psychotic symptoms was achieved.

Conclusions

The treatment of psychosis in epilepsy requires the use of antipsychotic drugs, preferably the atypical antipsychotic agents with a very low or negligible potential to lower the seizure threshold (eg, risperidone, aripiprazol). An adequate recognition and treatment of psychosis in epilepsy is essential for patient management and quality of life.

Figure 1 - Electroencephalogram with right anterior temporal lobe paroxistic activity.

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