

Pyromania and epilepsy : a case-report

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SUMMARY

We present a case of a 20-year-old man with behavioural disorder: pyromania associated to epilepsy. Indeed, since 5 years, the patient has presented few several seizures for which he had not been treated and had committed many deliberate fire setting. Clinical examination and projective psychological test didn't show features of psychosis. Neurological examination confirmed the epileptic nature of seizures and many additional tests have been performed. We gradually stopped the neuroleptics and he had been started on antiepileptic medication and responded promptly to that therapy.

BACKGROUND

Pyromania comes from two Greek words meaning "fire" and loss of reason or madness (1). It is defined as a pattern of deliberate setting of fires for pleasure or satisfaction derived from the relief of tension experienced before the fire-setting. It began as an obsessive-compulsive reaction in DSM-I (2). It was dropped in DSM-II. When it returned in DSM-III, it was an impulse-control disorder, a category that has now been rolled up into DSM-5's disruptive, impulse-control and conduct disorders (3,4). The explanations of such conduct disorder are rare and the link between the pyromania and epilepsy has been poorly studied in the literature.

MATERIALS AND METHODES

Starting from a case report of a patient who was hospitalized in a psychiatric unit in March 2019 for multiple fire settings that started jointly with seizures, we will study the link between epilepsy and pyromania through a review of literature.

CASE PRESENTATION

This is the case of a 20 years-old patient who developed at the age of 15 a scholar disinvestment, social isolation and self-aggressive acts leading to multiple fractures. The patient presented jointly grand mal seizures and multiple fire settings. During all these years, the patient has never been treated for seizures. Six months before his admission, he was taken to a psychiatrist who suspected a psychosis and treated him with high doses of neuroleptics: risperidone 8mg/day without improving his symptoms. Four days before his hospitalization, he set fire on his parents' room without any motives and was found by his mother sitting and watching the flame which motivated his hospitalization. The examination showed a particular morphotype (square-shaped face with deep-set eyes, a prominent lower jaw and a "flattened" appearance to the middle of the face and the bridge of the nose) which pushed us to suspect a Smith-Magenis syndrome and motivate a genetic investigation.

The psychiatric interviews conducted within the department showed a very sedated patient, negative signs including blunting of affect, poverty of speech and thought, apathy, anhedonia, reduced social drive, loss of motivation, lack of social interest, and inattention to cognitive input and a depressive symptomatology made up of ideas of devaluation and a pessimistic vision of the future. We also noticed an impulse-control disorder. Indeed, the patient explained that he failed to resist impulses to deliberately set fires. Moreover, these interviews did not show any objective signs of psychosis.. We gradually stopped the neuroleptics and he had been started on antiepileptic medication and responded promptly to that therapy.

INVESTIGATIONS

The patient was explored by several complementary examinations : a brain scan, a brain magnetic resonance imaging, an intercritical electroencephalogram and a genetic study who all returned without anomaly. This patient was examined by neurologists who confirmed the epileptic nature of the seizures. Psychologists performed A Rorschah Test concluded that there is not psychotic functioning but most likely neurotic defensive mechanisms in favour of an antidepressive struggle.

DISCUSION AND CONCLUSION

Epilepsy can be associated with psychiatric disorders. The most frequent psychiatric diagnoses reported in people with epilepsy include psychoses, neuroses, mood disorders, personality disorders and behavioral problems (4). Indeed, It has long been recognized that epilepsy can result in a range of behavioral problems including distractibility, disinhibition, aggression and also attention deficits and impairments of response inhibition and impulse control (5,6). The episodic dyscontrol syndrome is often observed in temporal epilepsy and usually consists of violently aggressive, primitive outbursts, including screaming, punching, wrestling, and throwing objects. In this case, outbursts are brief and are often accompanied by signs of heightened autonomic activation such as sweating, chest tightness, twitching and palpitations (7). This clinical case shows that the use of antiepileptics in effective doses can improve these kind of troubles.

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