BOUFFÉE DÉLIRANTE ON THE 21TH CENTURY

A CASE REPORT AND LITERATURE REVIEW

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Objectives: To present a case report contextualized with a historical overview of Bouffée Déliante and related concepts.

Given the different terms for similar episodes, we aim to review this subject with a 21th century approach.

Historical Overview

<i>Bouffée Déliante</i> was first described in the 19 th century (1885) by the French Psychiatrist Valentin Magnan . It was characterized by sudden polymorphic symptomatology, fast evolution and remission, with a recurrent course. ¹
In 1916, the Danish Psychiatrist August Wimmer presented the term 'psychogenic psychosis', later know as reactive psychosis, based on the Jaspersian concept of reaction. ²
In 1926, the German Psychiatrist Karl Kleist named good prognostic phasic psychoses as cycloid psychosis. ³
Henri Ey recovered Magnan's term, naming the clinical picture <i>bouffées délirantes réactionnelles</i> , in contrast with Kraepelin's dichotomic view. ⁴
Karl Kleist's term was developed by Karl Leonard in 1957, dividing cycloid psychosis in anxiety-blissfulness, confusion and motility psychosis. ⁵
In Portugal, in the same year, Henrique João de Barahona-Fernandes proposed the concept of 'holodysphrenia' for polymorphic psychotic clinical pictures without alteration of personality upon remission. ⁶

Case Report

- We present the case report a 51-year-old man admitted to the Psychiatry Ward through the Emergency Room with an **acute psychotic episode**.
- This clinical picture was preceded by work-related conflicts, and **full remission** occurred after 2 days, with **complete insight** to the morbidity of the event. The patient was medicated with risperidone 2 mg.
- Personality** and **functionality** remained unaltered upon remission.
- His psychiatric history includes a **similar episode** 6 years before, due to marital issues and a depressive episode 5 years ago.
- Regular ambulatory follow-up for the following year hasn't uncovered any psychotic symptomology.

Discussion

Throughout the history of psychiatry, these psychotic episodes with sudden onset and full remission to premorbid functionality were given various names.

Despite the differences, they are now known as **Acute and Transient Psychotic Disorder** (according to the International Classification of Diseases-ICD) or **Brief Psychotic Disorder (BPD)** (according to the Diagnostic and Statistical Manual of Mental Disorders-DSM).

The two concepts are not exactly concordant, and the DSM criteria may be too narrow, since the group of acute psychotic disorders with good prognosis extends beyond the borders of BPD and includes a subgroup of DSM's schizophreniform disorder.

Given the variability of the clinical presentations, the current concepts might turn out to be too restrictive in some cases.

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