CASE PRESENTATION

Gilles De La Tourette's Syndrome

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ABSTRACT

Gilles De La Tourette's Syndrome has been frequently reported from Western countries. This case might be the first to be reported in the Gulf region.

This condition has been of interest to both psychiatrists and neurologists due to its variable manifestation pattern. Symptoms mimic well known psychiatric and neurological disorders and should be taken into consideration for every child exhibiting severe persistant tics. The signs and symptoms presented by this case are typical of those referred to in the literature.

Tics are involuntary repetitive movements of a muscle or group of muscles. Much controversy still surrounds the understanding of the origin, pathophysiology and psychological meaning of tics. It is likely that tics can have a multiplicity of causes influenced by the organic state of the central nervous system and by the intrapsychic and social environment. They may occur at any age but are more common during childhood. In general, they are the result of a reaction to physical irritation, psychic stress or a manifestation of severe tic disease known as Gilles De La Tourette's Syndrome. Tics may occur in neurotic, psychotic children as well as in children with organic brain syndrome or with personality disorders. In spite of the statement that no happy, secure child ever develops tics, they can occur in children with no major psychopathology [2].

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THE CASE

D.K. is a ten year old Bahraini boy. He is a student in grade IV coming from a low middle class background, referred to the Child Guidance Clinic by a physician for evaluation of multiple tics that involved the face and both hands. The condition is dated back to three months prior to the initial contact when his parents noticed abnormal movements around the eyes and mouth, purposeless movements of both hands and to a lesser extent the trunk. These tic movements continue while he is playing alone or with friends and at school but only disappear during sleep. D.K. is the eldest of four siblings with no history of personal or health problems. His father is a thirty-five year old business man treated in the past for a drinking problem and epilepsy. The mother is a twenty-eight year old clerk. Their marital relationship is strained by the father's drinking problem. The case was treated in the beginning as a reactive disorder to an unfavourable home situation. Both parents and the child were seen separately for counselling. The father was referred to a psychiatrist for therapy as well. Tics continued unchanged and three months later the parents noticed a new development in D.K.'s behaviour. He was unexpectedly going into bouts of shouting, cursing and swearing without provocation. The case was reassessed and the diagnosis of La Tourette Syndrome was entertained.

D.K. was put on Haloperidol 1.5 mg per day with immediate remarkable improvement. The family discontinued the treatment and a year later they again came to the clinic with a recurrence of the symptoms. Reinstitution of the same medication produced good results.

DISCUSSION

La Tourette's Syndrome is one of the rare diseases, though the incidence varies in different psychiatric clinics. Abbuzzahab and Anderson who are largely responsible for the formation of an International Registry for La Tourette's Syndrome collected four hundred and thirty published case reports. Gross cultural analysis revealed a great preponderance of case reports from the United States of America and Western Europe. Only forty-eight cases reported in the Registry were from other parts of the world [1].

The symptoms usually begin between the ages of five and ten years and start first by muscle twitching or tics around the eyes and face. Later the shoulders, arms and legs may be involved. Multiple tic movements are brief, rapid and purposeless. Over half of the patients also develop complex movements such as jumping, stamping, hitting or kicking. The movements tend to increase in anxiety provoking situations, decrease at rest and disappear during sleep. Many years later they develop vocalisation. This can take the form of grunting, barking, throat clearing, echolalia and most striking of all, coprolalia (cursing or swearing). Some patients exhibit compulsive rituals like touching or self destructive behaviour [3]. The cause of this disorder is unknown. The findings of the neurological, biochemical and psychological examinations of these patients are non-conclusive. Different treatment modalities have been tried with partial success. In reviewing the efficacy of these treatment methods, pharmacotherapy produces the most favourable response. The most widely used drug is Haloperidol which produces 90% reduction of symptoms within one year of treatment [4].

Outcome studies suggest that patients do not follow a deteriorating course and that the course of the disorder is characterised by remissions and relapses. This makes the evaluation of treatment efficacy rather difficult. It is generally agreed that good intelligence, absence of signs of brain damage and good academic performance are the best indicator of eventual favourable adjustment, regardless of the family dynamics [2].

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