Idiopathic Recurrent Stupor, Still an Unsolved Issue

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Abstract

We report a case of unexplained recurrent stupor for which, given the current knowledge and the lack of easily available diagnostic tools, we were unable to reach a definite diagnosis. In the patient the syndrome was associated with an ominous prognosis. Worldwide accepted and easily available proceeding method is needed to manage patients with recurrent stupor for which a toxic origin may be supposed.

Keywords

Idiopathic recurrent stupor; Endozepine stupor; Munchausen syndrome

Introduction

Since 1992 the existence of a clinical entity characterized by unexplained recurrent hypersomnia, named Idiopathic Recurrent Stupor (IRS), and has been an interesting matter of debate [1]. Recently, Plazzi et al [2] stated that, at present, IRS has to be considered an unproven and questionable entity and it is accepted and easily available proceeding method is needed to manage patients with recurrent stupor for which a toxic origin may be supposed. Unfortunately these tests cannot be easily done in the setting of routine clinical practice, and in some patients with unexplained recurrent hypersomnia the diagnosis of IRS might be, mistakenly, still supposed.

Case Report

We studied a 76-year old man who was admitted to our hospital in March 2011, after having been found unconscious at home. He was partially aroused only by vigorous tactile stimuli. Glasgow Coma Scale was 6; ocular examination showed a slight bilateral miosis with preserved but torpid pupillary reflex; oculo-cephalic reflex was present. Vital parameters and brain CT scan were normal. Blood and urine samples for routine and toxicological tests were collected. An experimental medicine, Unit of Neurology, University of Sassari, Viale San Pietro, 10 07100 Sassari, Italy, Fax: 0039 079 228423; Tel: 0039 079 228231; E-mail: chiarafois@hotmail.it

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We want to point out the difficulty you might find while evaluating people with unexplained IRS, since, as already warned, there are a lot of toxicological substances such as triazolam, bromazepam, lorazepam as well as zopiclone, zolpidem and zalepon that are very...
Figure 1: EEG monitoring before and after flumazenil injection.
A. Widespread low voltage (10-15 μV), fast frequency activity (13-16 Hz), prominent over the frontal regions; B. 6 minutes after flumazenil injection. Reappearance of alpha-like frequency background rhythm (8-12 Hz).
difficult to detect using conventional techniques such as immunoassay screening, GCMS and HPLC [5,6]. Thus, although this issue has been going on for the last two decades, still now, unrecognized toxic recurrent hypersomnia cannot be easily disclosed, in clinical practice, by routine available diagnostic tools. Therefore, a worldwide accepted and feasible proceeding method seems required for clarifying situations that might lead to important legal repercussion, potentially involving patient’s safety and clinicians’ responsibility and, as in our patient, to an ominous prognosis.

References

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