

SOMATOFORM DISORDER PRESENTING AS PSYCHOGENIC GAIT DISORDER/h2

HULYA APAYDIN, G. Benbir Şenel
Neurology, Istanbul University, Turkey

apaydin.hulya@hotmail.com

Psychogenic movement disorders (PMD) could imitate any type of movement disorder (MD). Although MD specialists usually encounter less difficulty in recognizing patients with PMD, most patients seek medical help from different physicians and are exposed to many unnecessary treatments. PMD diagnosis is based on the exclusion of organic disorders. Detailed medical history and neurological examination usually aid the correct diagnosis./h2

Case report: A 27-year-old man was admitted to our outpatient MD clinics complaining of difficulty in maintaining his posture due to involuntary movements of the right leg. His symptoms have started almost 10 years ago with a sudden-onset, showed gradual increase during his military service. He also complained of sudden jerky tremor-like movements in his arms and legs, which appear and disappear periodically. He was diagnosed to have parkinsonism and chorea in different centers and given multiple drugs including levodopa, dopamine agonists, antipsychotics and benzodiazepines with no benefit. Neurological examination revealed bizarre atypical right leg movement occurring randomly with partial distractibility and exaggerated postural tremor. When he was asked to imitate his tremor-like movements he mentioned, he performed tic-like jerky erratic movements all over his body. He was diagnosed as having PMD, and consulted with psychiatry and had the diagnosis of somatoform disorder.

Discussion: Bizarre, unusual or uneconomic movements performed with exaggerated efforts, together with distractibility, should suggest psychogenic origin. Currently, based on the detailed evaluation of PMD patients' history and clinical signs, clinicians should be aware of specific clinical properties of PMD that differentiates them from other organic disorders.