Masturbation Mimicking Seizure in an Infant

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Abstract. A 3.5-month-old boy was referred to our hospital with the diagnosis of infantile spasm. His developmental milestones and physical examination were normal. During the follow-up we recorded about six to nine attacks a day and the duration of attacks was changed between 15 seconds - 1.5 minutes. During the episodic attacks he was flushed and had tonic posturing associated with crossing of thighs, without loss of consciousness and his eye movements were normal. Routine and long-term electroencephalogram (EEG) were normal during attack. The patient was diagnosed as masturbation according to the clinical and EEG findings. In conclusion, we would like to stress that masturbation should also be considered in infants who were admitted with complaint of seizure, and aside from EEG monitoring a detailed history and careful observation are very important factors in differential diagnosis of these two different conditions. [Indian J Pediatr 2001; 68 (8) : 779-781]

Key words: Masturbation; Infantile spasm

Epilepsy may be simulated by disorders which are associated with recurrent episodes of impairment of consciousness, convulsive movements, or behavioural aberrations. Livingston et al have noted that over a period of many years, the largest group of patients erroneously diagnosed as having epilepsy consist of those whose symptoms have a behavioural of psychiatric origin. In this article an infant referred with the diagnosis of infantile spasm, but who was diagnosed as masturbation to the findings of clinical and EEG is presented. Our purpose is to emphasize the importance of masturbation, a benign condition, in differential diagnosis of epilepsy in childhood.

CASE REPORT

A 3.5-month-old boy was referred to our hospital with the diagnosis of infantile spasm. His first attack occurred 15 days before admission to our hospital. While the total number of attack was only three until the last four days, the frequency of attack was increased in the last days. Tonic contractions of the neck and extremities were described during the spells by the parents. The family history was non-contributory. The pregnancy, labour and delivery were unremarkable and his developmental milestones were normal.

Physical examination revealed normal vital signs and a weight of 6865 g (50th-75th percentile), height of 61 cm (50th-75th percentile) and head circumference of 41 cm (50th-75th percentile). His physical and neurological examination were normal.

Laboratory studies disclosed hemoglobin 11.2 g/dl, leukocyte count 9.400/mm³. Blood glucose concentration was 96 mg/dl. Serum calcium, phosphorus and phosphatase alkaline levels were 10.3 mg/dl, 4.6 mg/dl, and 465 U/L, respectively. Blood ammonium concentration was 95 µg/dl (Normal: 20-120 µg/dl). The renal and liver function tests were also normal.

The patient was hospitalized in order to observe the attacks described by the parents and whether or not he had really epilepsy. During the follow-up we recorded about six to nine attacks a day and the duration of attacks was changed between 15 seconds - 1.5 minutes. During the episodic attacks he was flushed and had tonic posturing associated with crossing of thighs, without loss of consciousness and his eye movements were normal. All of the episodic attacks were noted while he was awakening from sleep or during sleep. We recorded routine and long-term electroencephalogram (EEG) and observed no abnormality on EEG before, during and after the attack (Fig. 1). The patient was accepted as masturbation according to the clinical and EEG findings and he was consulted with the department of psychiatry. On the 2nd month of follow-up, the episodic attacks continued. Later, we could not obtained any information about his condition because he was not admitted for control.
Fig. 1. The EEG (A) before the attack and (B) during the attack.