Between Neurology and Psychiatry, a Difficult Preliminary Diagnosis of Kleine-levin Syndrome: Case-report of a Young Girl

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Introduction

Kleine-Levin ndrome i a rare neurological condi ion i h bo h oma ic and p chia ric mp om . In 1990, Kleine-Levin ndrome a in he In ernaional of Sleep Di order (ICSD) and a revi ed o i curren a e in 2005 (Table 1) [1].

Kleine-Levin ndrome appear uddenl , ome ime i hou a riggering fac or or ome ime being precipi a ed b an infec ion (38.2%), head rauma (9%) or acu e con ump ion of alcohol (5.4%) [2-5]. e iolog remain uncear, bu here ma be a gene ic predi po i ion (haplo pe HLA-DR1), a ocia ed i h environmen al fac or [6,7]. ndrome i charac erized b h per omnia (up o 20 hour a da), cogni ive mp om (mainl dereali a ion, bu al o confu ion, delu ion , and/or hallucina ion , memor impairmen), behavioral mp om (e ual di inhibi ion, irri abili /aggre ion, compul ive ea ing), and men al mp om uch a depre ion and an ie [4,8-13]. are al o ph ical ign uch a au onomic d func ion, eigh gain; and a he end of he epi ode , amne ia, ela ion, and depre ion. I i impor an o underline ha he e mp om and ign are gener all no combined in a ingle pa ien . aver age leng h of an epi ode i 8 o 10 da , and epi ode la ing ever al mon h are rela ivel e cep ional. u uall recover a period of abou 8 ear .

Recurrent hypersomnia
Recurrent episodes of excessive daytime sleepiness lasting 2 days to 4 weeks
Episodes recur at least once per year
Alertness, cognitive functions and behavior are normal between episodes
Hypersomnia is not explained by another sleep, medical, neurological, or psychiatric disorder, medication use, or substance abuse
Kleine-Levin syndrome
In addition to the recurrent hypersomnia criteria, the patient should also have at least one of the following
Cognitive abnormalities – ex : confusion, derealization, hallucinations
Abnormal behavior – irritability, aggression
Hyperphagia
Hypersexuality

Abbreviation: ISCD-2, International Classification of Sleep Disorders – second edition

am. And hen, he didn' manage o a a ake duŕing moŕe han 1 houŕ con ecu ivel and a ked o ŕe uŕn o bed oŕ lep on a ofa. So, he a a leep up o 6 houŕ a da (i.e. fŕom 10 am o 9 pm in heŕ ca e) and a ned duŕing he in eŕvie . And duŕing a 24-houŕ da , he lep abou 18 houŕ . She al o had ea ing di oŕdeŕ , con an l eeking food ha he neveŕ a e and lo ing 3 kg in da , and fŕom headache and dizzine . She aid ha he did no kno ha he a doing in ho pi al and in i ed on going home.

We hen me heŕ paŕen ho eŕe hocked b heiŕ daugh eŕ' mp om . ŕepoŕ ed no hi oŕ of p chia ŕic oŕ oma ic di oŕdeŕ conceŕning heiŕ daugh eŕ oŕ heiŕ famil . Ho eveŕ, he paŕen did ŕepoŕ ha in ŕecen mon h , heiŕ daugh eŕ had been haŕa ed a chool and migh have been foŕced o inge a o ic ub ance he pŕeviou eek.

Methods

aŕŕa of di oŕdeŕ , belonging o manic di ea e, i h veŕ a pical p cho ic fea uŕe and udden on e deŕeali a ion, in an adole cen i h no medical hi oŕ , made u doub he puŕel p chia ŕic oŕigin of he di oŕdeŕ. In clo e co-opeŕa ion i h he paedia ŕician , e ŕied o ŕule ou an o ic oŕ oŕganic oŕigin foŕ he e mp om : e had o en uŕe ha ouŕ pa ien ' di ea e a no cau ed b in o ica ion, encephalopa h , bŕain umoŕ, ŕoke, ŕauma, epilep , infec ion oŕ hoŕmonal imbalance, e c. Complemen aŕ e amina ion eŕe hen peŕfoŕmed duŕing eveŕal da .

Blood

Scŕeening foŕ o in (medicinal pŕoduc , naŕco ic), comple e blood coun , uŕea, cŕea inine, gl cemia, edimen a ion ŕa e, C-ŕeac ive pŕo ein, eŕum ammonia, eŕum coppeŕ, fola e , cobalamine, an i-nucleaŕ an ibodie , an i- moo h mu cle an ibodie , an i-mi ochondŕial an ibodie , an i-na ive DNA an ibodie , an i-m elin an ibodie , an i-Hu an ibodie , an i-Yo an ibodie , an i-Ri an ibodie , *an i-* h ŕopeŕo ida e an ibodie , an i- h ŕeo- imula ing-hoŕmone ŕecep oŕ an ibodie , an i- h ŕoglobulin an ibodie , eŕodiagno ic e ing foŕ L me' di ea e, phili , hepa i i A/B/C, HIV, CMV, and T3/T4/ h ŕeo- imula ing-hoŕmone.

Urine

To in (medicinal pŕoduc and naŕco ic), c o-bac eŕiological e amina ion.

Cerebrospinal fuid

C o-bac eŕio-chemi ŕ , viŕolog , a a foŕ lac a e, chloŕide, p ŕuva e and gluco e, pŕo ein elec ŕophoŕe i , an i-Yo an ibodie , an i-Hu an ibodie and an i-Ri an ibodie .

Compu ed omogŕaph can, magne ic ŕe onance imaging, fundu oculi, elec ŕocaŕdiogŕam, h ŕoid ul ŕa ound. Elec ŕoencephalogŕam (duŕing ake and leep) could no be peŕŕii Toi m ceM e a o p

confu ion and memo impai men , de eali a ion and delu ion, mood di u bance, an ie , agg e ive behaviou , and h pe e uali a e common o bo h diagno e .

In favou of he Kleine-Levin nd ome, he e a he ca dinal manife a ion of he di ea e, h pe omnia, and he lack of famil hi o of p chia ic di o de . Be ide , p chia ic fo m " of Kleine-Levin nd ome have al ead been e po ed in he pa [4,8-13]. Ho eve , men end o be mo e b Kleine-Levin nd ome (68%), he c i i u uall la abou 10 da onl (e oung gi l gene all longe c i e and fo ce ain pa ien , epi ode la ing up o eve al mon h have been e po ed). Mo eove , pa ien i h Kleine-Levin nd ome no mall gain eigh and h pe e uali i e po ed mo e a el in omen. Seve al a gumen ha made u doub [26].

mp om in favou of a mi ed epi ode e e h pe e uali and he e pon e o e a men : SSRI inc ea ed agi a ion and he h pe e uali dec ea ed i h ca bamazepine, a e a men fo mood e gula ion. Ho eve , al hough he e a a mall clinical imp ovemen i h ca bamazepine a ocia ed i h an ip cho ic medica ion , he majo mp om ill pe i ed.

In umma , even if he a e no al a ve pical, p chia ic mp om de c ibed in hi ca e a e included in Kleine Levin nd ome, a pol mp oma ic di ea e. So, even if ou can' diagno e Kleine Levin nd ome he econd epi ode, h pe omnia mu be he mp om ha guide ou diagno ic app oach, once all o he o ganic cau e a e elimina ed.

B he a , e couldn' be u e abou he diagno i in hi ca e and