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GANSER'S SYNDROME : A REPORT OF TWO UNUSUAL PRESENTATIONS

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ABSTRACT

Ganser's syndrome is a rare and controversial entity in psychiatric nosology. We report two cases of GS, one developing in a 12-year-old boy, which had their onset during an episode of mania. After recovery from Ganser's syndrome, these cases were followed-up for two and five years, respectively. Interestingly both these patients evolved into bipolar disorder with one patient showing recurrence of Ganser symptoms with each subsequent episode. The importance of following-up and relevance of affective symptoms in GS is discussed.

• *Key words : Ganser's syndrome, bipolar disorder, child, follow-up.*

Perhaps no other psychiatric syndrome is shrouded in so much confusion and controversy as regards to its nosological status and mechanism as is Ganser's syndrome (GS). It has been viewed as a form of malingering, a variety of histrionic personality disorder, a psychotic illness, a dissociative disorder, a factitious disorder, and an organic illness (Lishman, 1998). The present classificatory systems classify it under dissociative disorders. Though GS has been reported to occur with other comorbid conditions such as schizophrenia, depression and organicity, its occurrence with bipolar disorders is uncommon (Lishman, 1998). Moreover, very little information is available on the long-term outcome in these patients. We report two cases of GS which were unusual in that both developed GS during their first manic episode. These patients were followed-up for two and five years, respectively, and both went on to develop a bipolar disorder with the Ganser symptoms recurring in one patient with every affective episode and completely resolving in the other. Furthermore, Ganser's syndrome is rare in children with not many such presentations having been reported from the Indian subcontinent (Dabholkar,1987).

CASE REPORT

Case-1 : Patient, PK, a 12-year-old boy studying in eighth standard, presented to us with complaints of acute onset and 15 days duration characterized by failure to recognize family members, fearfulness, irritability, talkativeness, reading and writing in opposite direction, hearing voices and seeing images. Family history and past history were unremarkable. Physical examination was within normal limits. On mental status examination, patient was not in touch with surroundings, had increased psychomotor activity, cheerful affect, grandiose and persecutory ideas and auditory and visual pseudo-hallucinations. Besides, this patient did not recognize family members and gave approximate answers. For instance, when asked the year, he replied 1989 whereas it was 1998 then. To add 2+2, he replied 8 and on being asked to read the time from the clock, he read 9:10 as 2:45. He could not distinguish left from right and read and wrote words starting from the right side instead of the usual left side as in Devanagri script. Further inquiry revealed that patient was upset on being shifted to a new school which he did not like. Projective testing revealed hysterical features. A

MRI of brain was reported as normal. He was diagnosed as a case of mania with GS and treated with 900 mg/day of lithium carbonate (serum level 0.95 mEq/l). As his mania resolved, his Ganser symptoms too disappeared within a fortnight of initiating treatment. He has been on regular follow-up and over these two years has had two depressive episodes, (unaccompanied by GS) which were treated to premorbid level.

Case 2 : Patient KB, a 35-year-old male, married with one child, first presented to us five years ago with the complaints of increased religiosity, decreased need for sleep, talkativeness, irritability accompanied by episodes of failure to recognize family members and giving false identity for the past one year. Past history was unremarkable whereas family history revealed bipolar disorder in elder brother. His physical examination was within normal limits. On mental status examination patient was disoriented, exhibited overabundant and rapid speech, irritable and communicable affect, persecutory delusions secondary to grandiosity and auditory hallucinations and failed to recognize family members. On being asked his name, he gave a false identity and claimed that he was not married and had no children. He also gave approximate answers such as number of days in a week - 6, number of days in a month - 28, number of legs in a horse - 2. On sodium pentothal-assisted interview patient came out with conflict with his wife and brother. His CT scan was normal. In view of the presentation being akin to irritable-paranoid mania and family history of bipolar disorder, a diagnosis of manic episode was entertained. Over the past five years patient has had four depressive episodes following the first episode. A peculiar feature with this case was that with every episode of depression his Ganser symptoms, particularly giving approximate answers and not recognizing family members, especially the wife, recurred. Currently patient is maintaining well on 800 mg/day of sodium valproate and comes for regular follow-up.

DISCUSSION

Both our cases met most of the criteria proposed for GS by Enoch et al (1967) namely, approximate answers, somatic conversions, clouding of consciousness and/or auditory hallucinations (pseudohallucinations). Only approximate answers was not used for diagnosing these cases as most cases diagnosed on the basis of this symptom alone are of malingering (Sigal et al, 1992).

The peculiarities of these cases are manifold. The first case depicts GS in a child which in its own right is a rare presentation (Dabholkar, 1987; Apter et al, 1993). In the same case, the symptom of reading and writing from the opposite direction is an uncommon dissociative phenomenon. Related but not similar changes in handwriting and using the left hand instead of the usual right have been described in dissociative identity disorder in children (Lewis and Yeager, 1996). In the second case, the recurrence of Ganser symptom with every subsequent episode of bipolar disorder was noticeable. Only a single report has described a similar presentation wherein patient used to recover from a Ganser state on hospitalization and relapse on discharge (Hampel et al, 1996).

In both our cases, GS made its first appearance during the first episode of bipolar illness, which happened to be of manic type. Association of affective illness with GS has been documented in literature with the evidence being more robust for depression. Depression has occurred during GS (Lishman, 1998) and has followed recovery from GS (Greiger and Clayton, 1990; Haddad, 1993). While bipolar disorder has been reported to emerge after the resolution of GS in two patients (Apter et al, 1993), GS developing during the manic episode per se, to our knowledge, has not been documented. The role of dissociation (as occurring in GS) in affective illness is not very clear. Some authors regard GS as a forerunner of acute and psychotic illness or reactive depression whereas others hypothesize that the underlying comorbid condition may serve as an acute stressor that in vulnerable individuals precipitates a hysterical overlaid reaction (Simeon and Hollander, 2000). In dynamic terms, it has been postulated that depression develops when the patient has to face the reality of the

intrapsychic conflict following the failure of dissociative defense mechanisms (manifested by the resolution of GS) (Haddad, 1993). Similarly, psychosis, including manic psychosis, can be viewed to arise on further regression of ego functions (Bromberg, 1986; Apter et al, 1993). Whatever be the association between affective illness and GS, it is undeniable that there is a dearth of literature on the outcome of this syndrome. Thus, follow-up studies of these patients are desirable to provide us with new insights into this uncommon syndrome.

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