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SCHIZOPHRENIA ASSOCIATED WITH RETINITIS PIGMENTOSA : A CASE REPORT

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Retinitis pigmentosa, a progressive degeneration of retinal neuro-epithelium leading to impairment of visual acuity and fields-eventually ending in blindness, has often been found to be accompanied by involvements of other structures, particularly the nervous and endocrine systems (Duke-Elder, 1967). Mental subnormality is a prominent part of most of the retinitis pigmentosa syndromes, the important ones being the Laurence-Moon-Biedl Syndrome, Refsum's syndrome, Cockayne's Syndrome, Hallgren's Syndrome and Usher's Syndrome (Usher, 1914; Hallgren, 1959; Nelson and Thorn, 1966 and Duke-Elder, 1967). However, we failed to come across any documented case of schizophrenia in association with retinitis pigmentosa without any other abnormality. This prompted us to report the present case.

K. D. S., a 20 year old, single Hindu male came with a gradually progressive diminution of vision for the last three years-forcing him to give up studies. Two years after this a change in his behaviour was noted. He became irritable, getting easily annoyed and enraged—so much so that he threatened to beat up his parents. He started talking excessively and irrelevantly. It was difficult to establish any rapport with him as he was continuously engrossed in his own autistic muttering. He often expresed passivity feelings—"someone is controlling and directing all my actions with intangible yet very strong force", delusions—"there is danger all around. People are out to harm me", and hallucinations—"I see and hear Goddess Kali coming to kill me". He started shouting and abusing people and tore off his clothes. He beat up his neighbour and became so unmanageable that he was chained and brought to hospital.

There was no past history of mental illness. He had been well behaved, social, energetic and average in studies. His father was treated for mental disturbance with drugs and E. C. T. at the age of 34. The patient was the eldest of six siblings, four brothers and two sisters. There was no consanguinity in the family.

On examination, he had an athletic physique and normal primary and secondary sexual characteristics and no abnormality except a markedly impaired vision, being 6/60 on right and 6/36 on the left. Ocular fundi and visual field charting showed changes consistent with retinitis pigmentosa. Patient's father and one sister too had similar changes. Psychiatrically, he had pronounced thought disorder, passivity feelings and delusions and hallucinations referred to above. There was no evidence of mental subnormality. The patient was put on neuroleptics and hypnotics and was given 8 E. C.Ts. His mental symptoms disappeared completely.

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However, his drugs were soon discontinued by his father and he had a relapse within a week. Drugs were resumed and he got 10 E. C. Ts. and became psychiatrically well. The patient remained symptom-free for six months when he stopped coming for follow up.

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