Response: Video-EEG Monitoring and Cerebral Imaging are Mandatory in Patients with Functional Seizures

I would like to thank Dr. Finsterer for his comments and also the Journal for this opportunity to further elaborate on our case report.[1] Before providing the response, it is crucial to highlight a potential cognitive bias that occurs during such scenario, "hindsight bias."[2] In this case, after the correct diagnosis and the subsequent good recovery by the patient, it would seem incomprehensible that the initial misdiagnosis was made given the new outcomes at hand, and this was actually the basis for reporting this case. It is worth mentioning that the patient's father himself is a physician (of another specialization), and his high degree of suspicion led him to consult multiple neurologists throughout Saudi Arabia and from a neighboring country before a correct diagnosis was made.

Regarding the type of seizure, it was generalized tonic clonic seizure witnessed by the father. During such attacks, he reportedly lost consciousness and bit his tongue; however, on further history taking, he was aware of his surroundings but closed his eyes. According to the father, no video EEG was done; however, even if it was done locally, patients are only observed for few hours, which would have likely missed the once-a-week seizure activity. However, his father captured such episodes on his phone, which were viewed by the neurologists. The patient's MRI results were unremarkable.

Regarding creatinine kinase, although it is not done assessed in the current case, it is not sensitive, as it can be raised during panic attacks associated with rhabdomyolysis.[3] Amisulpride was started a year before I saw the patient to help with overall distress, while quetiapine was given to assist with sleep. Further, 50 mg of sertraline was also started a year before I saw the patient for mild depressive symptoms, which is a common comorbid condition with epilepsy, as nearly half of the patients with epilepsy have comorbid depression.[4]

I personally have also experienced hindsight bias in psychiatric cases being misdiagnosed and found certain parts of clinical cases incomprehensible; unfortunately, the margin of clinical error continues to be present despite the significant advances in clinical care. Currently, the patient is not on any medications, and he experiences short panic attacks once every 1–2 months, which he is able to manage. Notably, these episodes are not associated with loss of consciousness or tongue biting. The patient's father was also contacted just prior to this response, and he reported that the most important outcome was that his son's personality has changed, as he is now more confident and motivated to pursue his life goals.

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Conflicts of interest
There are no conflicts of interest.

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