Atypical Presentation of Mania in 9.5 Years Old Child

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ABSTRACT

Mania is an episodic disorder, in children mainly characterised by marked continuous irritability, aggressive outbursts and violent behavior, a considerable increase in activity level, increased speech, sleep disturbances, distractibility and mood dysregulation and lack of discrete mood episodes in most prepubertal children. Euphoria is frequently present in children with mania. Childhood mania is difficult to diagnose because it's presentation of symptoms overlap considerably with conduct problems and ADHD. This case report highlights atypical presentation of 9.5 years old male admitted to hospital in north India for a first manic episode. Differential diagnosis of adjustment disorder, attention-deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder were considered but eliminated. No organic etiology was detected. He showed improvement once he was started on olanzapine and sodium valproate and followed up on opd basis and continued further to show improvement in symptoms.

Keywords: Mania

INTRODUCTION

Bipolar Disorder (BD) during childhood (age ≤12 years) and adolescence (age 13–18 years) was first described in antiquity by Aretaeus of Cappadocia (in 150 C.E), later reported by Esquirol in the early 1800s and then by Kraepelin and his contemporaries.[1]

First episode mania or hypomania is not very common in paediatric population. Adult mania is more commonly characterised by euphoria, whereas childhood mania is commonly characterised by irritability, anger outburst,violent behaviour, a considerable increase in activity, increased speech, sleep disturbance, distractibility and mood dysregulation. Diagnosis of childhood mania is difficult because of comorbidities and sharing of symptoms with ADHD, conduct disorder and oppositional defiant disorder[2]

Here we are presenting a interesting case of atypical presentation of first episode mania with increased libido in 9.5years old child.

CASE REPORT

A 9.5 year old male child belonging to urban middle socio-economic status with family history suggestive of schizophrenia in paternal uncle. Presented with total duration of illness of 2 months, acute in onset, gradually progressive, precipitated by stressor in form of loss of panchayat election by father, characterised by overtalkativeness, irritability, decreased need for sleep, increased appetite, excessive dancing, episodes of anger outburst. Along with the big claims like he has lot of power in him and can fight with 4-5 men alone, also he would display his arm's muscles to others.

Over the period of next few days he started to show socially inappropriate sexual behaviour.

He would visit to the girls in the neighbourhood, talk to them and would physically touch them inappropriately. With the above mentioned symptoms he was brought to the psychiatry emergency by the family members and was admitted in the psychiatry ward.

He was born of normal vaginal delivery at home, cried immediately after birth, with appropriate birth weight , having normal developmental history. History of consumption of beedi for the first time during the episode. His physical examination did not reveal any significant abnormality, height and weight were normal.

General physical examination : vitals were normal, weight -54 kg, height – 160 meter, BMI = 21.1kg/m^2.

Mental status examination revealed kempt, cooperative, increased psychomotor activity, speech increased in rate, volume and amount, reaction time decreased, becoming irritable on opposition. Shows ideas of grandiosity and no perceptual abnormalities. His routine blood investigations and thyroid functions were normal and NCCT head was found to be normal.

Investigation

His routine blood investigations and thyroid functions were normal and NCCT head was found to be normal.

Management

Patient was started on oral Olanzapine5 mg bd and Clonazepam 0.5 mg bd. As he was showing severe episodic anger outburst and aggressive behaviour he was augmented with Sodium Valproate 300 mg bd. On discharge after 15 days patient showed improvement in anger outburst which reduced to just 1- 2 episodes per day and the dose of Sodium Valproate was increased to 500 mg bd at discharge and the patient continued to show significant improvement on subsequent visits.

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DISCUSSION

For the diagnosis of childhood mania it is not clear whether the same diagnostic criterion of the adult population is also helpful for children. The child met criterion for mania according to ICD -10, so was diagnosed as manic episode. The typical symptoms of mania includes increased talk, decreased sleep, decreased need for sleep, increased libido and grandiosity. In childhood onset mania these classic symptoms are not very common, though in this case we found increased talk, decreased need for sleep, increased appetite and increased libido.

CONCLUSION

First episode mania can occur as early as 9.5 years old child with episodic anger outburst and increased libido. It can be differentiated from DMDD, ADHD and Conduct disorder by the presence of increased libido.

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