

‘God Knows I Didn’t Do Anything to My Child’: A Case Report of Epileptic Automatism with a Near Infanticide

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Abstract

Notwithstanding that it is not usual for epileptic seizures to cause acts of aggression or violence or lead to criminal acts like homicide, it has long been recognized that epileptic discharges in the brain can be associated with complex behaviours that are dissociated from volitional control. The violent behaviours usually occur when the patient is in a confusional state and the patient may have partial or complete memory loss for the act. We report a case of a young mother that had suffered epilepsy for years, who stabbed her daughter but never remembered ever carrying out such action. Attached to their cultural belief about epilepsy, they requested for a discharge few days after admission to seek native (traditional) treatment.

Epilepsy-related violent complications can be avoided if epilepsy is recognized early and orthodox care accepted. There should be an aggressive and continual public enlightenment on epilepsy with emphasis on the various forms it could present and the benefits of orthodox care.

Keywords: Epilepsy; Aggression; Automatism; Orthodox Care

Introduction

Epilepsy has been historically associated with violence [1-3]. Epileptic discharges in the brain have been known to be associated with complex behaviours that are dissociated from volitional control. Such violent behaviours usually occur when the patient is in a confusional state, with the patient being left with a partial or complete memory loss for the act.

Compared with the general population, epilepsy is also known to be associated with an increased prevalence of mental disorder [4] and psychotic conditions have been reported to be more frequent in people with epilepsy [5] and the psychosis can increase the risk of violence in individuals with seizure disorder [3].

The violent behaviour associated with epilepsy occurs before the seizure (pre-ictal violence), during seizures (ictal violence), between seizure attacks (inter-ictal violence), or directly after a seizure episode (postictal violence).

Seizure-related violence can be of any type (verbal or physical) and could range from mere fight to murder [3,6]. Irrespective of the timing and nature, aggressive or violent behaviour in epilepsy is often associated with underlying brain dysfunction.

Case Report

Mrs X is a 21 year old rice mill worker who was rushed to a private facility (where she received antenatal care and was delivered of her first and only child) few hours after she was suspected to have stabbed her 3 month-old daughter. On that fateful Sunday, while relaxing under a shade in-front of their house after a long church service, she complained to her mother in-law that she had chest pain and unexplained fear. She excused herself, left the shade with her child, and went into the house. About an hour later, the lady rushed out and told the husband’s mother and other neighbours relaxing in the compound that some people wanted to kill her and her child inside their house.

The mother in-law and those other persons rushed into her apartment but found no one except patient’s child who was motionless on the bed with a knife stabbed into her chest. They rushed the child and the mother to the hospital (where we were invited to evaluate the young mother). Patient (Mrs X) remained fully awake but mute. For hours, she did not utter a word. She only cried each time she sighted the child with the knife. The child was successfully operated on and Mrs X admitted for observation.

Much later the same day, when she was able to talk, she maintained that she was not purposely speechless, that instead she wished to speak but could not. She maintained that she never harmed her daughter in any way. “God knows I did not do anything to my child”, she repeatedly said. She could not remember ever reporting to the mother in-law or anybody else that some people wanted to kill her or her child.

Her relationship with the husband and the mother in-law, prior to the act, was reported to have been cordial. After the child was stabbed, she showed no remorse. There was no associated neglect of self-care, no aimless wandering, and no fear or worry of being blamed or punished by her people or husband or the government, likely because she did not believe she did anything wrong.

Mental state examination revealed a generally stable, calm, unperturbed lady who did not believe she was the one that stabbed her child. A neurologist/epileptologist was also invited to review patient.

A diagnosis of focal impaired awareness seizure (‘formerly, complex partial seizure’, with automatism) was made. She was admitted and commenced on an anticonvulsant. Electroencephalographic result was, however, normal. The family declined to any form of neuro-imaging investigation.

While on admission, she complained of headache and weakness and was reported to have convulsed twice, but she never accepted being responsible for the attack on the child. On repeated enquiry, she reluctantly alleged: ‘possibly the evil spirit that has been tormenting me since childhood might have been responsible for the attack on my only child’. On the family’s request to seek help from a native practitioner in their village, she was discharged against medical advice after one week. As at the time of this documentation, however, the mother in-law reported that she had continued her carbamazepine, after the native rituals, and had remained stable over many months.

A review of her past medical history revealed that her health problem started some 10 years back, when she was 11 years old. She then suddenly developed pain both lower limbs with associated generalized body weakness. She received some local concoctions and stabilized after 4 days. Subsequently, she started having episodes of problems twice or thrice each year. Each episode was usually preceded by headache, chest pain, and fearfulness which usually lasted for few seconds; followed by a loud sharp sound like the cry of a bird and then loss of consciousness. She may or may not fall down. Sometimes, there is associated tonic-clonic jerking of the limbs, foaming from the mouth, biting of the tongue, and urination on self. These were usually followed by sleep and thereafter, weakness that lasts for some days. Memory of episodes is usually not clear to patient. Mutism had occurred only in two occasions. She could remain mute, giving only signs for some minutes to hours, or even days. She never had associated aimless wandering or hallucinatory (visual or auditory) experiences, and no previous history of aggressive behaviour.

She and her family members believed it was a spiritual problem; that evil spirits came repeatedly to possess her, making her weak and unable to talk. She came from a culture where people believe that if one cannot remember clearly certain things she does, it is because a spirit entered into such a person and took over the person. Care had always been sought from native practitioners. The frequency increased from about 2 to 3 times per year to twice every week in the preceding 4 weeks to about 1 to 3 times daily few days before the violent act.

Discussion

Epilepsy has been associated with offending of various types – burglary, murder, property damage, etc. Murder is often to close ones or family members, usually children [3,6], as in our case. Various forms of epilepsy types have been associated with murder – focal impaired awareness seizure (new term, replacing Complex Partial Seizure: Fisher, *et al.* [7]), juvenile myoclonic epilepsy, psychogenic non-epileptic seizures, and so on [2,3]. Memory loss (partial or full) is usually associated with these crimes.

Epileptic automatism has been referred to as a state of clouding of consciousness which occurs during or immediately after a seizure, during which the individual retains control of posture and muscle tone, but performs simple or complex movements without being aware of what is happening and the subject is usually (but not always) amnesic afterward. The impairment of awareness varies. Seizure disorder has been noted as a factor that contributes to a lack of insight into the criminal nature of an offence.

Neuroimaging could not be done to possibly identify a focal lesion to add weight to the diagnosis of epilepsy and there was no identified evidence of generalized or focal EEG epileptiform discharges as the EEG result was normal. But we know that a normal EEG result does not negate the presence of seizure disorder and it has been cautioned that care should be taken in interpreting EEG in cases of epilepsy and homicide as misdiagnosis could occur [8].

We believe that our patient had struggled for years with complex partial seizure and that the near infanticide act was not unconnected to the ailment. The diagnosis of automatism is a clinical one and our diagnosis was made on such basis.

Some cases of epilepsy-related murder, especially those that occurred during periods of confusion, have been reported. Armiya’u and colleagues [9] reported a case of a 43 year old commercial motor cyclist who spent 15 years in a Nigerian maximum security prison because he committed murder during an episode of a focal impaired awareness seizure. Gauffin and Landtblom [3] reported three cases where children were traumatized (with one killed), each by a parent diagnosed with one form of epilepsy or the other, and the acts occurred during an ictal or post-ictal period. Like the third patient (parent) in Gauffin and Landtblom report, our patient started suffering from epilepsy in her teenage years but received the diagnosis and treatment much later. Marsh and Krauss [10] reported also the case of a 19-year-old woman with focal seizures whose family members found confused without her infant, only to discover the child dead in the microwave oven.

As summarized by Pandya and co-researchers, our patient had at least 10 of the listed 21 previously identified characteristics of patients with epilepsy who committed violent acts as compared to those who did not [6]. These include: young age, seizure onset at childhood, refractory nature of epilepsy, behaviour difficulties in school, learning disability, low socioeconomic status, sudden, unplanned violent act, short-lived seizure episodes, act occurring after cluster of seizures, and amnesia of events.

Management Challenges

We encountered some challenges. Neuroimaging (to support diagnosis) was not done due to financial difficulties. We even had to pay for the EEG to be done. Cultural belief on the part of patient and her family led to refusal of stay on admission and follow-up. Luckily, however, the health worker assigned to repeatedly visit the home reported that she had continued to take her anticonvulsant, besides the native rituals. Nevertheless, we are aware of the legal implications and took the appropriate measures.

Conclusion

Epilepsy is a recognized factor that contributes to a lack of insight into the criminal nature of an offence. Epilepsy-related violent complications can be avoided if epilepsy is recognized early and treatment accepted. There should be an aggressive and continual public enlightenment on epilepsy with emphasis on the various ways it could present and the benefits of orthodox care.

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