

INTERNAL CAROTID ARTERY THROMBOSIS PRESENTING AS CATATONIC STUPOR—A CASE REPORT

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Catatonic stupor is a condition characterized by generalised inhibition of motor activities where sensibilities are impaired and the individual has little or no appreciation of his surroundings. Fisher (1954) reported eight cases of carotid occlusion who presented initially as dementia. He concluded that the association of dementia and carotid occlusion in these cases may be entirely fortuitous, and care must be exercised in drawing conclusions. It is to be recalled that in several instances occlusion or severe stenosis was found without any sign of mental deterioration. Only further regular examination of the carotid system in cases with and without dementia will allow a final judgement in this matter. Hurwitz *et al.* (1959) has also reported the same type of cases but he considered the impaired mentation as a prodromal symptom of internal carotid artery occlusion. Recently we came across one such patient who presented with features of catatonic stupor and after investigations she turned out to be a case of internal carotid artery occlusion.

CASE REPORT

Miss, S, 40 years, unmarried, Hindu, educated was hospitalized on 26 Oct. 82 with a history of withdrawn behaviour in the form of reduced talking, lack of personal hygiene, not taking food, remained like an idol, passing stool and urine in bed for last seven days. There was no history of any psychiatric illness in the

past. This illness started only 7 days back with an insidious onset and a progressive course. On physical examination there was no neurological deficit. Her mental status examination at that time revealed poor personal hygiene, psychomotor activity markedly retarded, monosyllable reply in a low tone, blunt affect. Thought disorder, hallucination, delusion, judgement and insight could not be elicited because she was non communicable. She was following instructions and her orientation was intact. She was diagnosed as a case of catatonic schizophrenia-stupor, and was treated with injectable phenothiazines, Ryle's tube feeding and kept on constant observation. Routine blood examination, urine, X-ray skull, ECG, fundus were found normal. She had projectile vomiting and headache after 36 hours of admission in the hospital and became unconscious after 48 hours of admission. Neurological examination was repeated and left sided U.M.N. lesion was suspected, then she was referred to neurophysician of S. M. S. Hospital and was diagnosed as a case of right internal carotid artery occlusion on carotid angiography.

CONCLUSION

There are several causative factors to account for the symptoms of the stuporose patient. We suggest that internal carotid artery block should also be considered a possible cause of stupor and recommend that a detailed neurological

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examination is a necessary investigation in a stuporous patient and hence all stuporous patients should be kept under strict observation for sometime before switching on to any physical method of treatment.

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