



Pelvic Thrusting in a Case of Psychogenic Seizure

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Dear Editor-in-Chief

Psychogenic non-epileptic seizure (PNES), also known as pseudoseizure, pseudo-epileptic seizure and psychogenic seizure, is a psychologically based disorder accompanied with abnormal movements, sensations, emotions and/or behaviors that mimic epileptic seizures, but does not originate from a neurological disturbance (1-3).

Psychogenic seizure, historically known as hysterical seizure (3, 4), is not as scant as it seems to be when we consider the incidence rate of 1.4-3 per 100000 (1, 5), and prevalence rate of 2-33 per 100000 in various studies (2). Another notable point is a considerable female preponderance with up to four-fold more occurrences in some studies (2, 4, 5).

Psychogenic non-epileptic seizure as an important differential diagnosis of intractable seizure accounts for 10-40% of patients referred to epilepsy centers (1, 2, 5). Accordingly, it has posed a real challenge to physicians in order to differentiate between epileptic and non-epileptic patients (2, 5). These patients, who more commonly mimic tonic-clonic and complex partial seizures (1), present with symptoms such as: hypermotor movements, trembling, pelvic thrusting, and falling (5).

We visited a 17-year-old boy with typical pelvic thrusting movement during his seizure-like attacks. He had experienced these attacks for 2 years. His magnetic resonance imaging (MRI) and interictal

electroencephalogram (EEG) were completely normal. After psychiatric consultation, diagnosis of psychogenic seizure was confirmed. By treating his psychological problems, the patient was symptom-free during his 6-month follow-up.

Although pelvic thrusting is not a specific symptom, it is one of the strong indicators of psychogenic seizure which could help the physicians in this diagnostic challenge (5).

Inpatient video-electroencephalogram (Video-EEG) monitoring is considered as gold standard for diagnosis of psychogenic non-epileptic seizures (2, 4, 5).

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