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A 9-YEAR-OLD BOY WITH ACUTE PSYCHOSIS AND NON-CONVULSIVE STATUS EPILEPTICUS

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Pediatric patients with epilepsy have an increased risk of ictal, postictal or interictal psychotic symptoms. We describe a child with mild epilepsy who was hospitalized in our Pediatric ward with acute severe psychosis. His epilepsy was well controlled and he was known to have a 4 mm large frontal cystic lesion per brain MRI. He did not have overt seizures upon admission, but his EEG showed non-convulsive, high voltage spike / slow wave activity. Treatment with valproic acid led to concomitant resolution of the psychotic symptoms and EEG abnormalities. Several months later psychotic symptoms recurred, this time in a milder form, again associated with the same EEG pattern. Lamotrigine was added to the treatment regimen and both symptoms and electrographic changes resolved. No change was noted on repeat MRI.

This child presents an unusual relationship between acute psychosis and markedly abnormal EEG, both resolving with anti-epileptic medication, and a potential causative relationship to a frontal lesion. We discuss this unusual connection between the psychiatric (psychosis), epileptic (non-convulsive status epilepticus) and organic brain (frontal benign lesion) disorders in this child.