



A rare case of ganser syndrome presenting with associated symptoms of auditory hallucinations and amnesia

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Abstract

Ganser syndrome (GS) has been found to be rare which was first described by Siegbert Ganser in the year 1897 in prisoners. GS is characterized by, but not always, approximate answers, clouding of consciousness, conversion symptoms and optional auditory or visual hallucinations. Not many cases of GS have been reported till now and diagnosis is difficult. Hence we present such a rare case of Ganser syndrome in a remand prisoner who presented with hearing of voices of an unknown woman and able to see her and sleep disturbances since 1 week and also giving approximate answers. Patient also had amnesia to the presenting symptoms. The diagnosis and treatment of Ganser syndrome being complex and difficult, ruling out possible causes of such presentation is very much important. Since it is rarely reported, prognosis could be uncertain.

Keywords: ganser syndrome, approximate answers, amnesia, auditory hallucinations, visual hallucinations

Introduction

Ganser's syndrome was first described by a German psychiatrist Siegbert Ganser in 1898. It is found to be rare and the incidence rates are unknown. Mainly seen in prisoners and is characterized by Vorbeireden or approximate answers, somatic conversion symptoms, clouding of consciousness and hallucinations. Ganser's syndrome is regarded as a complex, multifaceted behavioral manifestation of a need to escape from, or avoid confronting, an intolerable situation for the individual. This condition was initially reported in prisoners because those group of people represented a general class of people in distress, who feel disempowered and unable to fulfill their wishes and fully develop acts of volition, some of them coming to present Ganser's syndrome after they could not take anymore the duress of their predicament^[1]. The exact number of cases which have been reported till date is unknown. In 2012, Mendis and Hodgson found only 94 cases reported in the English literature, in 59 papers (each presenting from one to 7 case reports) published between 1905 and 2006^[2].

The etiology of Ganser's syndrome is controversial. Some authors consider it as hysterical, some as psychotic delusion, organic impairment and dissociation. Lishman proposed that cerebral dysfunction might sometimes facilitate the development of the syndrome, especially where fluctuating impairment of consciousness is apparent. In ICD-10, it is included under dissociative disorders. Here we are presenting a case report of a patient who presented with rare features of ganser's syndrome with auditory hallucinations and amnesia.

Case Presentation

A middle aged, pre-morbidly well-adjusted male, remand prisoner was brought to the OPD with complaints of decreased sleep at night, seeing an unknown female and hearing her voices

since 1 week. On evaluation his history revealed that he has been seeing an unknown female in white dress who looked heavily built in appearance is talking to him in clear voices and is instructing him to commit suicide and die by jumping off a building or cut his wrist or throat with a knife or any sharp object. He could hear those voices throughout day as well as during night time because of which he has difficulty in falling asleep since then. He could even reply to the female to go away from him who would follow his command too. He has no history of suicidal attempts as such. There was no history of suspiciousness, elated mood or increased energy, persistent pervasive low mood or decreased energy or easy fatigability. There was history of occasional substance use and no history of head injury or trauma. His past history revealed that he was a known case of epilepsy using Tab. Eptoin 100mg for the same, last episode of seizure being 2 years back. He had no previous history of similar complaints in the past nor did he have any history of head injury in the past. He had no other medical complications like hypertension, diabetes mellitus, tuberculosis, cerebrovascular accidents, coronary artery disease etc. He had no significant family history.

His general physical examination was normal. On Mental Status Examination, he had no delusions or suicidal ideas. He had Auditory as well as Visual Hallucinations. Cognitive functions examination revealed that patient was giving approximate answers to questions asked, when asked about the color of the hair, he said red and when asked the color of the blanket which was blue in color, he said yellow. When asked about the time of the day, he said night time when it was actually day time. When asked to tell the time by looking at the wall clock he gave approximate answers. He was not oriented to time and place and person sometimes which was classic as that in clouding of

consciousness.

Diagnosis and Management

Patient was admitted and basic routine investigations like Complete blood picture, Renal function tests, Liver function tests, Serum electrolytes, Electrocardiogram, Chest X-ray were done which revealed normal findings. He was evaluated for other organic causes which turned out to be negative. Ct-Brain showed normal findings. Patient was started on Tab. Lorazepam 2mg HS and Tab. Multivitamin along-with anti-epileptic Eptoin 100mg. Five days later, on MSE patient did not report any auditory or visual hallucinations and also reported amnesia to the previous events. Patient was diagnosed based on clinical findings and examination as Ganser's syndrome as he was giving approximate answers, was having clouding of consciousness and auditory hallucinations and also after ruling out other causes. Patient was discharged one month later and does not have any symptoms.

Discussion

The above discussed case of Ganser's syndrome is very rare and it has unusual presentation of auditory, visual hallucinations, clouding of consciousness and amnesia to the events with foremost important finding of approximate answers which is characteristic of Ganser's syndrome. This patient being a remand prisoner would have had a secondary gain and unconscious motivation. Probably due to lack of coping mechanisms or to avoid punishment, patient has slid into dissociation to escape from his avoidable circumstances. Some case reports have been found but not of similar presentation where Ganser's syndrome was reported in person with AIDS who had depressive symptoms in a case report done by Deibler MW *et al* in 2003^[4]. Dwyer J *et al* in 2004^[5] reported a case of a 45 year old with cannabis and ecstasy dependence who had visual hallucinations, approximate answers, clouding of consciousness and conversion symptoms. Staniloiu A *et al* in 2009^[6] reported ganser's syndrome with comorbid major depressive disorder in an individual with background of immigration and inadequate adaptation to new socio-economic conditions.

Many of the authors agree that the onset of Ganser syndrome is acute in nature. Cocores, Santa, & Patel in 1984^[7], have observed rapid spontaneous remission which was also seen in our case where the patient showed spontaneous remission without any specific treatment; others report abrupt cessation of symptoms with psychotherapeutic intervention as shown by Dabholkar in 1987^[8]. However, in yet other instances, the symptoms have been observed to persist for months despite therapeutic interventions as reported by Miller *et al.*, in 1997^[9] where they reported cases of ganser's syndrome in children or the absence of obvious gain as shown by Dalfen & Feinstein, in 2000^[10]. Subsequent amnesia for the episode upon remission has also been reported by Whitlock, 1967^[11], which was also reported in our patient where he had amnesia to the events.

Temporal and frontal lobe dysfunction was noted in several cases of dissociative amnesia, which were studied Neuro psychologically and with glucose positron emission tomography by Brand *et al.*,^[12] Markowitsch, 2003^[13]; Reinhold, Ku" hnel, Brand, & Markowitsch, 2006^[14]. However, the exact neuropathological mechanisms involved in the brain could not be established. More research into this field would help out in

identifying the possible underlying mechanisms.

Conclusion

Ganser's syndrome is a very rare and difficult to diagnose. The research identifying the exact mechanisms is still underway as there are not many cases identified. The diagnosis of Ganser's syndrome is very important in order to avoid unnecessary treatment with medications as ganser's syndrome resolves spontaneously without specific treatment.

Conflicts of Interest: Nil

Financial Support: Nil

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