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# A CASE OF ENCOPRESIS WITH EEG ASPECT OF AMYOTONIC PETIT-MAL. THE ENCOPRETIC PETIT-MAL.*

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The encopresis is defined as a repeated and involuntary evacuation of feces, occurring in children, especially in boys. The most modern authors (2, 3, 4, 12, 15, 17, 19, 21) consider that the encopresis is produced by psycho-pathological causes. This opinion is connected also with the fact that very often the encopresis is associated with the enuresis, to which some scientists (1, 6, 7, 16, 18) give — even today — a psychogenic determination. Yet, the patient observed by us demonstrates that the encopresis may constitute the expression of a cerebral organic suffering, appearing as a vegetative paroxysmal manifestation of epileptic nature.

The patient N. I., 7 years old, began suddenly, in 1978, to present involuntary evacuation of small amount of feces, two months before our examination. The fecal soiling occurred always during the day time and

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never during the daily or night sleep. In the patient's personal antecedents there is a difficult birth. Never were the encopretic episodes accompanied by enuresis. In the patient's family there have been no conflictual happenings and the environment of the child has not determined situations able to create psychological reactions. The patient sustained that he did not know the moment he was losing the stool, only afterwards having a sensation of discomfort in the anal region and remarking then the presence of the feces in his pants.

The objective neurological examination has not ascertained perturbations of sensibility in the perineal region, the anal reflexes were normal and there were not established any other clinical signs of central or peripheral nervous deficit. The examinations of feces for the existance of intestinal parasites were negative (9). The surgical and radiological examinations have excluded a Hirschprung's disease (22). The level of calcium was normal and the tourniquet test was negative (20). The intelectual level of the child was normal.

The EEG examination performed on the 20-th of June, 1978 revealed on the spontaneous recording, a slow and diffuse dysrhythmia, a little slower as that corresponding to the age of seven (fig. 1). The hyperpnoea determined the slowering and the growing in amplitude of the biopotentials on all the lines; on this background frequent discharges of slow and sinusoidal waves, scattered with very degraded spike and wave complexes, have superposed. The morphology of the biopotentials could be well and easily analysed owing to the increasing of the speed of recording even during the occurring of such electrical discharges. These discharges were often bilateral, synchronous and symmetrical (fig. 2), but sometimes even during the occurring of such electrical discharges. These discharges

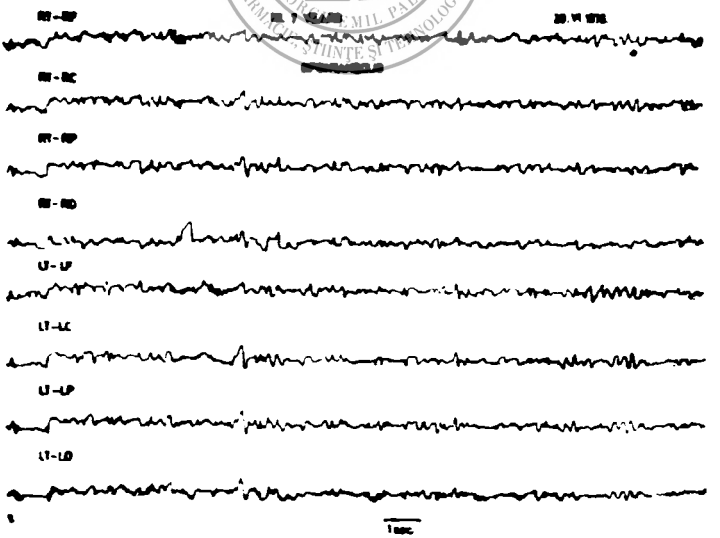

*Fig. 1*

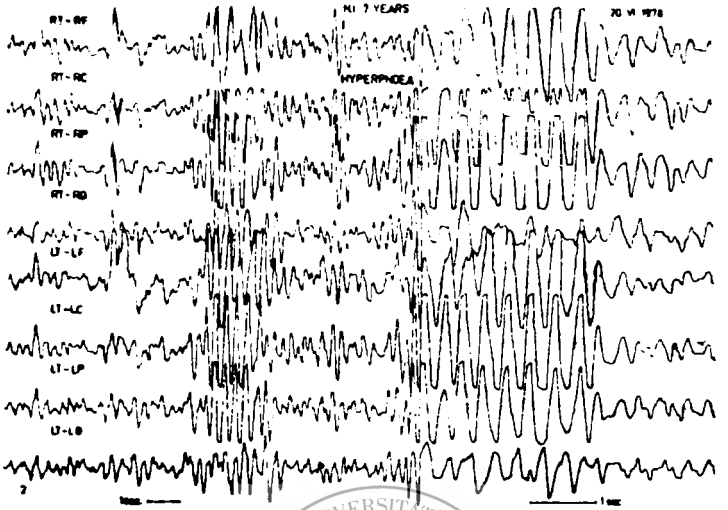


*Fig. 2*

evident left or right asymmetries appeared. After the hyperpnoea the recording came back to normal only after 2.30 minutes. Thus, on this recording we noted the appearance of some discharges, wich presented the peculiarities of amyotonic Petit-Mal crisis, sometimes with centrencephalic character, sometimes with aspect of left or right temporalisation.

The encopretic manifestations of this patient being considered as the clinical expression of amyotonic Petit-Mal crisis, i.e. the result of some paroxysmal failure of the tone of the external anal sphincter, we have prescribed exclusively an anti-epileptic treatment, namely a succynimide preparation (Suxilep, twice a day, morning and evening) and a carbamasepine preparation (Stazepine, twice a day, morning and evening).

After two months we examined the child again and we found that after the setting-up of this treatment, the patient had not any involuntary evacuation of feces. A new EEG recording showed the same slow and diffuse dysrhythmia, reactive to hyperpnoea, but with fewer discharges, which presented a clear-cut bilateral postero-anterior asymmetry. The sinusoidal morphology of the biopotentials was much more evident this time (fig. 3).

Since August, 1978 the child has been reexamined at regular intervals. He is now 9 years old. He uses in continuation the treatment with Suxilep and Stazepine. He had no longer encopretic manifestations for 2 years and 3 months. An EEG recording effected in October 1979 established the persistence of the slow and diffuse dysrhythmia, responsive to hyperpnoea, but without the appearance of the discharges with graphoelements of epileptic type (fig. 4). The neurological state is the same. In his family there occurred no changes of some eventually stressant situa-

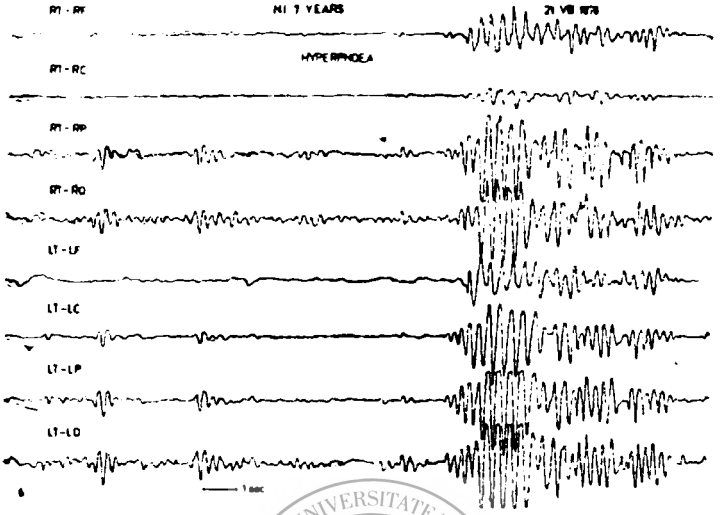

*Fig. 3*

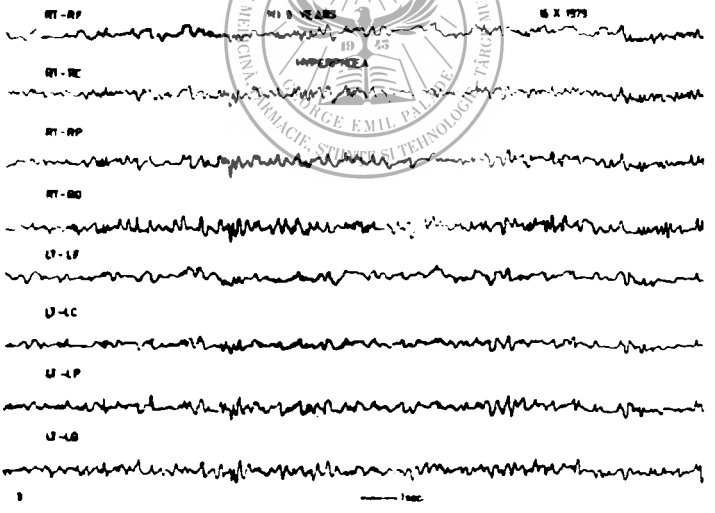

*Fig. 4*

tions, and only the anti-epileptic treatment was given to the child, without administering other drugs or effecting any method of psychotherapy.

In the last 4 years we have had in our electro-clinical observation a number of 37 children which presented encopretic manifestations. Of

these 37 encopretic children, 32 (i.e. over 80 %) presented also nocturnal and/or diurnal enuresis. The other 5 patients suffered exclusively from encopresis, but among these, only the case described above presented epileptic grapho-elements on their EEG recordings, namely amyotonic Petit-Mal discharges.

The sudden and unfounded appearance of encopretic manifestations in a child with a difficult birth, the existence of the epileptic type grapho-elements, the disappearance of these pathological grapho-elements after an exclusively anti-epileptical treatment, and the concomitent disappearance of the clinical manifestations of encopresis for over two years, do confirm — in our opinion— the epileptical character of the encopresis presented by this child.

Taking into consideration that in our case the losing of feces represented an independent symptom and was unaccompanied by enuresis, we consider that the patient observed by us has presented "encopretic Petit-Mal" crisis, this fact by analogy with the "enuretic Petit-Mal" crisis, described by Gastaut (10) and confirmed by Szabó (23). Gáspár and Szabó (8), Popoviciu and Szabó (20) and by many other authors (5, 11, 13, 14). This epileptic form of encopresis constitutes a clinical entity undescribed in the neurological literature. It is a rare manifestation; we have observed a single case during the 4 years, but the diagnosing of this clinical category has an essential influence on the therapeutical attitude and — consequently — has very important repercussions on the social life of the patients and of their families.

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