

Ganser Syndrome

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Abstract

Ganser syndrome (GS) is a rare neurological disorder characterized by answer approximation, clouded consciousness, somatic conversion symptoms, and visual or auditory hallucinations. The objective of this case report is to elucidate the presentation of a patient with GS and to highlight the interplay of psychological and organic determinants in this condition.

Keywords: Ganser syndrome, mental illness, therapy, psychosis

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I. Introduction

Ganser syndrome is a rare and somewhat controversial diagnosis. It was first described by Siegfried Ganser in 1898 and is sometimes called "prison psychosis" because it was first observed in prisoners. With this condition, a person deliberately and consciously acts as if they have a physical or mental illness when they are not really sick. People with Ganser syndrome mimic behavior that is typical of a mental illness, such as schizophrenia. People with factitious disorders act this way because of an inner need to be seen as ill or injured -- not to achieve a clear benefit, such as financial gain. They are even willing to undergo painful or risky tests and operations in order to obtain the sympathy and special attention given to people who are truly ill. Factitious disorders are technically considered mental illnesses because they are associated with severe emotional difficulties.

II. Definition

Ganser syndrome is a rare dissociative disorder characterized by nonsensical or wrong answers to questions and other dissociative symptoms such as fugue, amnesia or conversion disorder, often with visual pseudo hallucinations and a decreased state of consciousness. The syndrome has also been called nonsense syndrome, balderdash syndrome, syndrome of approximate answers, hysterical pseudo dementia or prison psychosis.

III. Causes

Little is known about this unusual disorder, but it is believed to be a reaction to extreme stress. There are also physical problems that may cause the symptoms of Ganser syndrome such as,

- alcoholism
- head injury
- Stroke
- antisocial personality disorder
- histrionic personality disorder.

Clinical Features

In addition to approximate answers, other symptoms include a clouding of consciousness, somatic conversion disorder symptoms, confusion, stress, loss of personal identity, echolalia, and echopraxia.

Other features include:

- A dreamy or perplexed appearance.
- Memory or personal identity loss.
- No recollection of the condition upon recovery.
- Perseveration.
- Echolalia.

- Echopraxia.
- Confusion.
- Precipitating stress.
- Loss of personal identity.

Differential Diagnosis

- Acute psychotic illness such as schizophrenia.
- Temporal lobe epilepsy.
- Wernicke's encephalopathy.
- Head injury.
- Encephalitis.
- Meningitis.
- Münchhausen's syndrome.
- Drug intoxication.
- Malingering.

Associated Diseases

- Neurosyphilis
- Epilepsy
- Post-stroke
- Meningiomas
- Post-anoxia
- Postpartum psychosis
- Traumatic brain injuries
- Infections
- Various dementias

Investigation

No investigation is diagnostic but a number may be performed to exclude other pathology. It is important to exclude an underlying organic cause.

- Mental state examination should be performed.
- FBC.
- U&Es.
- LFTs.
- Vitamin B12 levels.
- TFTs.
- Urine drug screen
- CT scan or MRI scan to exclude structural pathology.
- Lumbar puncture may be performed to exclude meningitis or encephalitis.
- Electroencephalograph (EEG) does not usually show any specific disorder.⁸ However, it should be performed to rule out underlying causes such as delirium or seizure disorder.

Ganser's Syndrome Treatment And Management

Admission to a psychiatric unit in the acute phase may be required for assessment and to prevent harm to self or to others. Simple psychotherapy is the mainstay of treatment. Drug therapy is of limited value and not usually required. Evidence of benefit from benzodiazepines, antipsychotic medication or other treatments, such as electroconvulsive therapy or hypnosis, is very limited.

In many cases, the symptoms seem to dwindle after a few days, and patients are often left with amnesia for the period of psychosis. Hospitalization may be necessary during the acute phase of symptoms, and psychiatric care if the patient is a danger to self or others. A neurological consult is advised to rule out any organic cause. Psychotherapy may also have recommended for ensuring and maintaining safety.

Ganser patients typically recover quickly and completely. Since Ganser syndrome can be a response to psychic deterioration, its resolution may be followed by other psychiatric symptoms, such as schizophrenia and depression, hence the rationale behind the recommendation of psychotherapy. Medication is usually not required.

IV. Conclusion

The factors to support a psychogenic cause of this patient's symptoms are the recent history of major life stressors, the approximation of answers with lack of effort to simple questions, selective memory loss not typical of other forms of cognitive impairment, and the rapid onset of symptoms with no acute anatomical brain

changes. However, it is also likely that an organic cause can predispose this patient to developing these symptoms. This case supports the literature that GS is a psychogenic disorder. However, an organic cause from the long-term sequelae of TBI needs further exploration.

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