

Aims and Hypothesis

To report a case with dissociative fugue and Ganserian symptoms in peri-traumatic dissociation.

Background

Dissociative experiences commonly arise following trauma. Ganser syndrome is a rare psychiatric presentation that is defined by the presence of ‘approximate’ or ‘Ganserian’ answers.¹ Additionally, other features such as dissociation, pseudo-hallucinations, and clouding of consciousness are also often, but not always, present (Figure 1)². While cases from South Asia have been reported, none is from Pakistan.³

Methods

A case study.

Case

A 20-years old male stopped responding to his family members and developed confused, disconnected behavior following physical abuse by his neighbors. He refused to recognize his family members. During this time, he once announced intentions to hang himself and ran to his room but was intercepted by the family members. He left his home and went to another city without any plausible reason. His family found him after he told his number to a stranger. On initial mental state examination (MSE), signs of self-neglect were seen. He was repeating sentences and engaging in disconnected activities. Interestingly, he became engaged in the interview when asked questions of addition, to which he returned approximate answers ($10+10=5$, $1+1=100$). The approximate answers were given in the categories of addition of numbers, naming colors, and recognizing pieces of furniture and the pictures of animals. When a question was repeated, he gave the same wrong answer. The next day, he gave approximate answers in the same approximate categories but not always same as before ($1+1=3$) (Table 1). After reattribution, he recovered spontaneously the same evening. He recalled the details of his traumatic experience fully, however his memory of the subsequent days was patchy. He also described hearing female shrieks but said that he knew they weren’t real but could hear them as if they were. He was discharged after problem solving and stress-coping. Premorbidly, he had mild intellectual disability and dependent traits. No history of previous dissociative experiences was elicited.

Conclusions

The case is important as it describes an uncommon presentation following traumatic experience and is a first contribution to the literature of Ganser’s syndrome from Pakistan.

CATEGORIES	FIRST SESSION		SECOND SESSION	
	Question	Given Answer	Question	Given Answer
Numerical	10+10	5	10+10	5
	1+1	100	1+1	3
Colors	(Pointed to) Yellow	Red (<i>ratta</i>)	(Pointed to) Yellow	Red (<i>ratta</i>)
	(Pointed to) Black	Green (<i>saawa</i>)	(Pointed to) blue	Black (<i>kaala</i>)
Animals (pictures)	Cat	Dog (<i>kutta</i>)	cat	Horse (<i>ghora</i>)
	Dog	Horse (<i>ghora</i>)	dog	Lion (<i>babar shair</i>)
	Goat	Donkey (<i>khota</i>)		
Furniture	(Pointed to) Chair	Bed (<i>manji</i>)	(Pointed to) Chair	Table (<i>maiz</i>)

Table 1. “Approximate” answers given by the patient in the first and second session.

Approximate answers	83 (88.3%)
Clouding of consciousness	80 (85.1%)
Somatic conversion symptoms	41 (43.6%)
Hallucinations	27 (28.7%)

Figure 1. Prevalence of Symptoms in Ganser’s syndrome.²

References

1. Dieguez S. Ganser Syndrome. Front Neurol Neurosci. 2017;42:1–22.
2. Mendis S, Hodgson RE. Ganser syndrome: Examining the aetiological debate through a systematic case report review. Eur J Psychiatry. 2012;26(2):96–106.
3. Sidana A, Jaswal S. Ganser syndrome: Intricacy in diagnosis and management. Indian J Psychiatry [Internet]. 2021 Jan 1 [cited 2021 Sep 4];63(1):103. Available from: /pmc/articles/PMC8106429/