ABSTRACT

Objective: To describe and review and suggest future line of research in a case of Ganser Syndrome
Clinical Picture: This was a 52-year-old man with terminal rectal cancer presenting with Ganser Symptoms and reported blindness.
Treatment: CT Scan and Mini Mental State examination was done.
Outcome: patient died that night and the CT scan showed Posterior Cerebral Infarct.
Conclusion: Ganser Syndrome may be associated with structures in the distribution of the Posterior Cerebral Artery.
Key words: Ganser Syndrome, Posterior Cerebral Artery

CASE REPORT

In July 2000 the psychiatric registrar at Cairns Base Hospital, Queensland, called me to see a 52-year-old man who was suspected of suffering from a sudden onset of hysterical blindness. He had been admitted to a medical ward to control the pain due to metastatic anorectal adenocarcinoma which was first diagnosed in 1998. He had extensive lower bowel resection November 1998 and in March 1999 and had later been found to have anal verge adenocarcinoma with inguinal lymph node metastases. He was treated with pain relief and inguinal block dissection.

The blindness seemed contrived, as he was able to follow my registrar and myself as we quietly moved about the room without speaking. His answers were one off or he simply would not answer and remained mute. Examples of some of the symptoms elicited are that he thought a cow had 5 legs and that 2 plus 2 was 3. For the question what year is it, he answered “2 minutes” and when asked what state of Australia are we in he answered “NSW” (we were in Queensland). His attention seemed to wander easily and he seemed at other times to be confused and inappropriate to the medical staff.
I diagnosed a Dissociative State secondary to the stress he had been experiencing with the cancer treatment and commented that Ganser Syndrome was a distinct possibility. However, because of the overlap with organic states I suggested a repeat cerebral CT Scan to be done. There had been a CT scan done several months before.

I also raised the possibility of metastases in the brain, pseudodementia or a prelude of Major Depressive Episode and Psychotic state. I intended to return the next day with the registrar to complete a thorough neurological examination.

CT Scan later the same day revealed, “Low attenuation areas in the territory of the Posterior Cerebral Artery on both sides, larger on the left side, consistent with infarcts.” (See Scan.)

Later that day a Mini Mental State Examination produced a score of 3 out of 26. That night he died.

Ganser syndrome is mentioned as the last entry in DSM IV R under Dissociative Disorder and such words as confusing, mixed, controversial and poorly understood are usually attached to any discussion.[1,2,3]. The 1985 edition of Comprehensive Text Book of Psychiatry had even less information than the previous edition about Ganser Syndrome. However in the 1999 edition there is a good discussion and clinical description of it.[4].

The pathognomonic symptom is the Vorbeireden (Vorbeigehen) or symptom of approximate answers. The patient shows he understands the question but the lack of knowledge implied by the mistaken replies is implausible. (The sky is green).

Sigbert Ganser described the condition in 1897 and it is generally agreed that disorientation, clouding of consciousness and amnesia for past events once the episode clears, is common.

Ganser symptoms are also talked about in the context of other physical or psychiatric symptoms and one could make the case that this is how in view of his cancer, this man’s condition should be
described. There is no mention of severity, duration, number or types of symptoms that must be present to make a diagnosis of Ganser Syndrome.

Ganser Syndrome is more common in men than women and the mean of subject’s age is 35 years of age.

The areas supplied by the Posterior Cerebral Artery Infarct are involved in psychological reactions. There are also amnesic syndromes when the hippocampus and other limbic structures are involved bilaterally on the inferomedial surfaces of the temporal lobes. There is uncertainty about the occurrence of symptoms when a unilateral infarct occurs and I would suggest Ganser Syndrome symptoms might be manifested in such an infarct. Other symptoms of Posterior Cerebral Infarct are better know such as visual hallucinations, agnosia and perseveration as well as spatial disorientation. If the infarct involves occipital lobe one can get alexia, agraphia, contralateral thalamic syndrome, some degree of contralateral hemipareses and cerebellar ataxia as well as degrees of cortical blindness [6] However in Posterior Cerebral Artery occlusions, “embolic occlusions often produce incomplete infarction of the territory distal to the occlusion site”, which can further confuse the symptom type and symptom severity.[7]

Discussion

The symptoms that this man presented with fulfil those of Ganser Syndrome but also seem to be related to the Posterior Cerebral Artery infarct that he suffered.

There is quite a diverse range of aetiologies of Ganser Syndrome and one should keep in mind the organic possibilities as well as the dissociative possibilities when making this diagnosis.

The exact mechanism of action of these unique symptoms seem connected with a particular disruption of brain function but were this disruption is can only be surmised. In this man the problem was in the region being supplied by the Posterior Cerebral Artery. The question of whether other patients with Ganser Symptoms show similar disruption in the same area of the brain may be a beginning to further
understand these symptoms. SPET Scans of patients displaying Ganser Syndrome may shed some light on the areas involved and may confirm structures supplied by the Posterior Cerebral Artery are involved. However recognised Ganser Syndrome is rare.

Editor’note: Dr Boettcher, MB, BS, DPM, MCrI, FACLM was the Director of Forensic Mental health Services, North Queensland, Australia

REFERENCES


