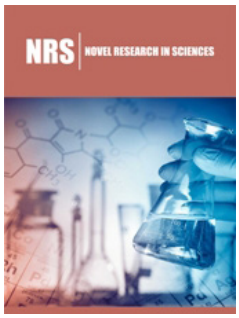
Crimson Publishers
Wings to the Research

Mini Review

Micropsia in a 5 Years Old Son and Concomitant Telopsia of the Mother in Teenager Age Supposing a Genetic Origin in Alice in Wonderland Syndrome

Bittmann S*, Luchter E, Weissenstein A, Villalon G and Alieva EM

Ped Mind Institute (PMI), Department of Pediatrics, Germany



***Corresponding author:** Stefan Bittmann, Head of the Department of Pediatrics and Ped Mind Institute (PMI), Pediatrician, Hindenburgring 4, D-48599 Gronau, Germany

Submission: November 11, 2020

Published: December 04, 2020

Volume 5 - Issue 3

How to cite this article: Bittmann S. Micropsia in a 5 Years Old Son and Concomitant Telopsia of the Mother in Teenager Age Supposing a Genetic Origin in Alice in Wonderland Syndrome. Nov Res Sci. 5(3). NRS.000613. 2020. DOI: 10.31031/NRS.2020.05.000613

Introduction

Alice in Wonderland Syndrome (AIWS) was named after the description of Lewis Carroll in his novel. In 1955 John Todd, a psychiatrist, described this entity for the first time. Todd described it as "Alice es Adventures in Wonderland" by Lewis Carroll. The author Carroll suffered from severe migraine attacks. Alice in Wonderland syndrome is a disorienting state of seizures that affect visual perception. AIWS is a neurological form of seizures that affect the brain, causing disturbed perception. Patients describe visual, auditory and tactile hallucinations and disturbed perceptions. The exact causes of AIWS are not yet known. Cases of migraine, brain tumors, depression episodes, epilepsy, delirium, psychoactive drugs, ischemic stroke, EBV, mycoplasma and malaria infections correlate with AIWS like seizures. Neuroimaging studies show disturbances of brain regions including the temporoparietal junction, temporal lobe and occipital lobe as a typical localization of the visual pathway. Recent research shed light on concomitant lying position in Alice in Wonderland seizures. Moreover special positions of body parts could play a role as a trigger. We present the case of micropsia in a 5 years-old son and a concomitant telopsia of the mother in teenager age supposing a genetic origin in Alice in Wonderland syndrome.

Case Report

The pregnancy of the boy was a light one, with a natural vaginal birth at 37 weeks and 3 days. The son was born with neonatal torticollis and further physiotherapy and now fully corrected normal muscle function. He had a birthmark with a portion of hair was darker. He had milk protein intolerance until 2 years and in October 2018 on single major cold with hospital stay. At 5 years he had the diagnosis of inguinal hernia and repositioning of the left testicle, which was floating. At 5 years he started speaking therapy for stuttering. The visual disturbances started one week after a kick against the eye in age 5. The mother had telopsia in teenager age in the evenings and it was like she could see the entire room where she was from far away, like through the window. So, both, mother and son, showed visual disturbances (micropsia/telopsia), surprisingly in the son, starting after a kick in the eye.

Discussion

In 1955, British psychiatrist John Todd (1914-1987) described the state of micro-and macrosomatognosia, the altered perception of body image and body images, and called it Alice-in-Wonderland syndrome. In 1955 John Todd described the syndrome and gave it a literary name in his publication. The first description of the syndrome comes from Lippman et al. 1952. Alice-in-Wonderland syndrome includes false perceptions of the body image, the form of objects, the sense of time, and illusionary visual perceptions. Body perception denial of illusion feelings and frightened feelings, sometimes for many years in the early childhood,

and can affect the normal development of the child in the family and in the environment [1]. AIWS was described in different publications in connection with many different infection illnesses like malaria, Zicavirus, Varizella-induced optical neuromyelitis, Lyme-borreliosis, H1N1 influenza infection and mononucleosis. It is obvious that all these different diseases play no role in the search for the true origin of Alice-in-Wonderland syndrome [2]. Other entities such as complicated partial epilepsy, migraines, acute have spread encephalomyelitis, drug abuse such as LSD or montelukast (Mast Cell stabilizer) is other related drug correlations associated with AIWS-like seizures [3-7]. In addition, more recent articles describe AIWS seizures after ventricular shunt surgery in hydrocephalus postoperatively and in patients with brain tumor, in particular glioblastoma. More recent publications describe the curious aspect of AIWS seizures, which are constantly associated with physical abuse. In these publications, two elderly women aged 57 and 61 describe their terrible experiences with sexual abuse and have had AIWS seizures continuously correlated after many years [4,5]. These case studies shed light on aspects of physical and sexual abuse, by describing the entity that appeared many years after this unusual experience of two older women, who analyzed their experiences as children. In a chronological case report, a 67-year-old woman described in detail her childhood experiences [4]. Here we present a familiar case report of a mother and his son, who had visual sensations like micropsia and telopsia in a concomitant way, but in different phases of life, the mother as a teenager and the son after getting a kick against his eye [8]. Two different types of visual sensations were present in this two familials: the mother with telopsia, the son with micropsia. This shed light on possible hereditary origin. Further research should perform to analyze the genetic origin of Alice in Wonderland syndrome and in special and genetic basis of optical pathway disturbances. This is the second publication in world literature suggesting a hereditary origin in Alice in Wonderland syndrome [9].

References

1. Gaul C, Kraya T, Holle D, Herrenbrück BI, Schara U (2011) Migraine variants and unusual types of migraine in childhood. Schmerz 25(2): 148-156.
2. Coven I, Horasanli B, Sönmez E, Coban G, Dener S (2013) The alice in wonderland syndrome: An unusual in acute disseminated encephalomyelitis. Am J Emerg Med 31(3): 638.
3. Bernal Vañó E, López Andrés N (2013) A case of alice-in-wonderland syndrome probably associated with the use of montelukast. An Pediatr (Barc) 78(2): 127-128.
4. Bittmann S, Luchter E, Villalon G (2018) Does sexual abuse play a causative role in alice in wonderland syndrome in childhood? A help screaming from internet. J Perinat Clin Pediatr.
5. Bittmann S, Alieva EM, Villalon G, Luchter E (2020) Chronological experience of alice in wonderland-like visual impairment due to correlating physical abuse till teenager age. RPN 4(4).
6. Lanska JR, Lanska DJ (2013) Alice in wonderland syndrome: Somesthetic vs visual perceptual disturbance. Neurology 80(13): 1262-1264.
7. Losada Del Pozo R, Cantarín Extremera V, García Peñas JJ, Duat Rodríguez A, López Marín L, et al. (2011) Characteristics and evolution of patients with alice in wonderland syndrome. Rev Neurol 53(11): 641-648.
8. Bittmann S, Moschüring Alieva E, Luchter E, Weissenstein A, Bittmann L, et al. (2020) Alice in wonderland syndrome: The first case of arbitrary, reproducible, early childhood aiws-like visual sensations in a meditation setting. AJBSR 9(3).
9. Bittmann S, Weissenstein A, Luchter E, Moschüring Alieva E, Villalon G (2019) First case of alice in wonderland-like seizures in a mother and her daughter: A new sign for a hereditary origin? Am J Biomed Sci & Res 6(4).