ADENOMA SEBACEUM WITH PSYCHOSIS IN A BANTU WOMAN

J. S. DU T. DE WET, M.B., CH.B.

Assistant Physician Superintendent, Tower Hospital, Fort Beaufort

The condition termed epiloia, Bournville's disease or tuberous sclerosis is probably still considered to be very rare in coloured races'.[1]

In 1955 a case of epiloia[2] was reported in a Bantu woman from the Grahamstown area. She presented all the main features of adenoma sebaceum, tuberous sclerosis and epilepsy with imbecility. It is interesting to report now, another case of adenoma sebaceum from the same area, yet apparently unrelated to the first one. This time the features of epilepsy and of tuberous sclerosis are not clearly evident. However, a good photograph was obtained and is printed here (Fig. 1) to illustrate the adenoma sebaceum.

CASE RECORD

The patient J.M. (F.N. 4233) was admitted as an urgent case to Tower Hospital, Fort Beaufort on 6 February 1955 from Grahamstown, where she lives. She is married and has 4 children. According to her own statement she has had the condition of adenoma sebaceum since childhood and several of her relatives and children also have it.

Her husband stated that she was violent and threatening; that she attempted to assault people and that she was continually shouting and tried to run away. This condition was reported to have lasted for one week. She was said not to be epileptic.

On admission she was wildly excited, resistive and restless. If approached by anyone she became terrified, screamed and shouted. Her utterances were disconnected. If left alone she would often be quiet. She refused to eat in the presence of others, yet when left to herself she ate ravenously anything she could grab. There was no psychomotor retardation. This condition persisted for 2 days, when it subsided and she became rational quite suddenly.

Henceforth she was mildly depressed and irritable but quiet in behaviour and able to hold a conversation. She related that she had not been getting on well with a woman who was her neighbour and she admitted she had been thought to be disordered. Orientation in time and place was defective but she did not appear at all confused. She said she had been disturbed by the voices of unseen people, and that her neighbours accused her of being a witch. Her auditory hallucinations were extremely disturbing and made her panic-stricken so that she had the impulse to escape. No evidence of visual, olfactory or of other hallucinations could be

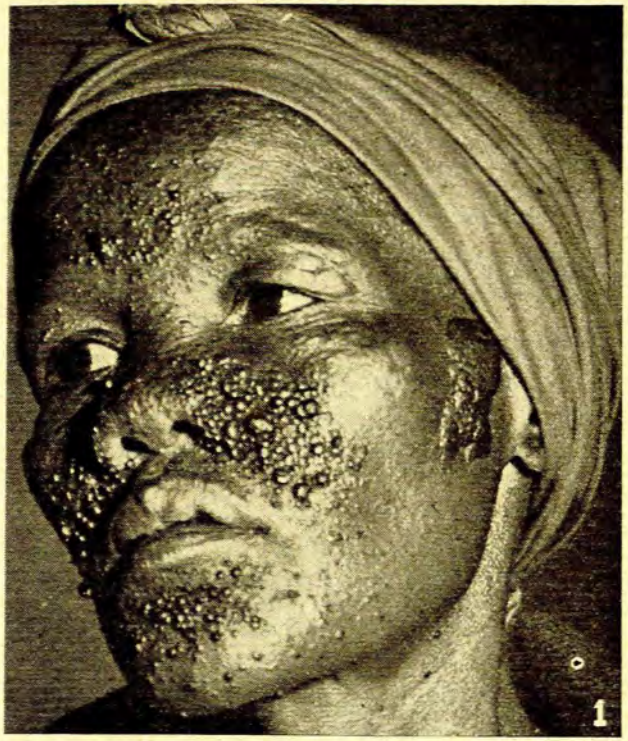

Fig. 1 Adenoma sebaceum.

elicited. She denied having suffered from similar disturbances previously. When she was questioned closely about events leading up to her admission it did not appear that she had an amnesia for the period of her acute disorder.

Her quiet behaviour continued for 1 month after admission but she remained mildly depressed, apparently as a reaction to her detention in mental hospital.

Tested on the Binet-Simon scale (official mental-hygiene individual scale from U.E. 68 amended 1927), she was found to pass all the tests from year 3 to year 6. At the 7-year level she failed Knox C, and could not copy a diamond correctly. At the 8-year level she failed 2 out of the 6 tests, being unable to count backwards from 20 to 1 or to repeat 3 digits in reverse order. At the 9-year level 2 of the tests were impossible to apply owing to her lack of education, and of the remaining 3 she only passed one (similarities test), and failed the 'Ball and Field' test, as well as the Knox D test. She failed the remaining tests in the scale which could be used at all in her case.

It may be concluded, therefore, that her mental age, according to this scale, is 7 years and 2 months. The average mental age of South African Natives on the Binet-Simon scale was found by Fick[3] to be approximately 10 years. Taking this as the usual level for South African Natives on this scale her IQ is approximately 70.

It seems probable, therefore, that she is a high-grade feeble-minded individual, and this coincides with the impression formed by her nurses and attendants, most of whom have had wide experience of persons belonging to her social group.

Physical examination reveals no gross abnormalities apart from characteristic adenoma sebaceum and a flat pigmented vascular tumour the size of a shilling but oval in shape, situated on the left side of her face. just anterior to the ear.

No signs of tuberous sclerosis were seen in the skull radiogram.

No phakomata were detected on examination of the fundi and no visceral or other tumours or *peau de chagrin*. The adenoma sebaceum is very pronounced, as can be seen from Fig. 1; it is of a dusky purple colour.

SUMMARY AND DISCUSSION

A case of adenoma sebaceum in a Bantu woman is reported. Signs of tuberous sclerosis were not seen on the skull radiogram and there was no evidence of epileptic fits. On admission she had an acute transient psychosis, with behaviour and affective disturbance as well as auditory hallucinations. When the psychosis had been spontaneously recovered from, the patient was found on testing to be feebleminded.

Her psychotic episode is thought possibly to have been epileptic in origin. As temporal-lobe lesions are now thought to be a cause of psychomotor epilepsy,[4,5] the presence of a sclerotic focus in this part of the brain has to be considered.

Electro-encephalographic and radiological investigations not available at this hospital, should be of value. Deep X-ray therapy[6] or treatment by surgery may then be indicated for the alleviation of a mental disturbance which may eventually prove to be paroxysmal.

I should like to thank the Commissioner for Mental Hygiene, Dr. I. R. Vermooten, and the Physician Superintendant of the Tower Hospital, Dr. L. R. Brumberg, for permission to publish this article.

REFERENCES

1. Brain, R. (1940): *Diseases of the Nervous System*, 2nd ed., p. 500. London: Oxford Medical Publications.
2. de Wet, J. S. (1955): S. Afr. Med. J., **29**, 753.
3. Fick, L. (1944): Personal communication.
4. Jasper, H. *et al.* (1951): Arch. neurol, Psychiat., **65**, 272.
5. Mayer-Gross, W., Slater, S. and Roth, M. (1954): *Clinical Psychiatry*, p. 379, London: Cassels.
6. Kirman, B. H. (1954): J. Ment. Sci., **100**, 420.