

When Seizures Aren't Seizures: Uncovering Functional Neurological Disorder in Pregnancy

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INTRODUCTION

Functional Neurological Disorder (FND) is a condition where patients experience neurological symptoms, such as seizures or motor disturbances, without a structural neurological cause. Pregnancy presents a unique challenge, as physiological stress and underlying mental health conditions can increase the likelihood of FND symptom onset. In obstetric care, these episodes are often mistaken for conditions such as eclampsia or epilepsy, resulting in unnecessary and potentially harmful interventions. In this case report, a patient presented with FND related pseudo-seizures in the third trimester of pregnancy and was treated for eclampsia and status epilepticus, escalating as far as intubation and ITU admission.

CASE SUMMARY

A 29-year-old primigravida booked her pregnancy at 6 weeks. She had a diagnosis of anxiety and depression, as well as post-traumatic stress disorder (PTSD) related to a prior abusive relationship. She was under the Perinatal Mental Health Team (PMHT), on regular sertraline and engaging well with Talking Therapies. Despite this, she regularly experienced heightened anxiety and flashbacks of previous trauma. She had multiple attendances to hospital with non-specific symptoms throughout her pregnancy. During one of these attendances at 29 weeks' gestation, she began having seizures. These were managed as eclampsia and status epilepticus with magnesium sulphate and benzodiazepines. She was ultimately intubated to facilitate airway management and admitted to ITU. After thorough investigations, including infection screen, toxicology screen, CT, MRI, and EEG, the patient was deemed to have functional seizures. Importantly, anti-epileptic medications were withdrawn and a diagnosis of FND was made. The pregnancy continued till term with multi-disciplinary team managements, involving obstetrics, mental health, midwifery, and neurology teams.

DISCUSSION

FND predominantly affects women of child-bearing age and the perinatal period increases vulnerability due to the interplay of physiological changes, hormonal fluctuations, and psychological stressors. Two-thirds of women with FND in pregnancy have no prior diagnosis. This case shows the presentation of FND in pregnancy and illustrates the association between FND and pre-existing mental health conditions like anxiety and PTSD. A holistic approach is essential when managing pregnant women with recurrent non-specific symptoms, particularly when complex social and mental health factors are involved. The difficulty in differentiating functional from organic symptoms can otherwise lead to incorrect or over treatment and this can have adverse effects on pregnancy outcomes. Despite existing research on pregnancy-induced changes in other neurological conditions, there is limited understanding of how pregnancy affects FND, and vice-versa. Further research into the relationship between pregnancy and FND is essential to improve outcomes for this patient population.

References

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Triage

Attendances with non-specific complaints



29 Weeks

Attended with seizure-like activity, treated as status epilepticus, intubation and ITU admission



Investigations

EEG, CT, MRI, infection and toxicology all normal



Diagnosis

Functional Neurological Disorder



Management

Anti-epileptics withdrawn, MDT management