CASE REPORT

An Uncommon Cause of Hypersomnolence

Vidushi Rathi[1], Pranav Ish[2], Nitesh Gupta[3], Mahendran Arul Janakiammal[4], Manu Madan[5]

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Abstract

Excessive daytime sleepiness (EDS) is a frequent complaint of patients presenting to a pulmonologist, neurologist, psychiatrist, and a physician. We present a case of a 21-year-old medical student who had complaints of EDS and was eventually diagnosed as narcolepsy and treated effectively for the same.

Keywords: Excessive daytime sleepiness, Multiple sleep latency test, Narcolepsy.

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Introduction

Excessive daytime sleepiness (EDS) is a frequent complaint of patients presenting to a pulmonologist, neurologist, psychiatrist, and a physician. A careful evaluation for the underlying etiology is necessary for effective treatment. The main causes of EDS are insufficient sleep, insomnia disorders, circadian rhythm disorders, psychiatric disorders, movement, and respiratory disorders related to sleep, parasomnias, hypersomnia disorders, and use of drugs or medications.

Case Description

A 21-year-old medical professional presented with complaints of EDS for the past 2 years. She had complaints of generalized fatigue and transition to sleep even while sitting idle despite sleeping for >8 hours per day. These complaints were present for the past 2 years. She initially attributed for not getting the medical college of her choice leading to subsequent depression. However, despite multiple antianxiety medications including benzodiazepines and atypical antidepressants, there was no relief in symptoms. On presentation to the sleep clinic, a detailed history was taken. There was no excessive snoring or witnessed apneas. There was no neurological deficit and neuroimaging of brain was also normal. There were no comorbidities. The patient did complain of hearing voices in her head while going off to sleep. A polysomnography revealed no evidence of obstructive sleep apnea or periodic limb movements. A subsequent multiple sleep latency test (MSLT) revealed sleep-onset rapid eye movement (REM) (SOREM) in four out of five naps along with a sleep latency of <1 minute (Fig. 1). She was diagnosed as a case of narcolepsy without cataplexy and was treated with modafinil[1] along with paroxetine. The patient had improvement in daytime sleepiness and sleep attacks.

[1–5]Department of Pulmonary, Critical Care and Sleep Medicine, VMMC and Safdarjung Hospital, Delhi, India

Corresponding Author: Pranav Ish, Department of Pulmonary, Critical Care and Sleep Medicine, VMMC and Safdarjung Hospital, Delhi, India, Phone: +91 9958356000, e-mail: pranavish2512@gmail.com

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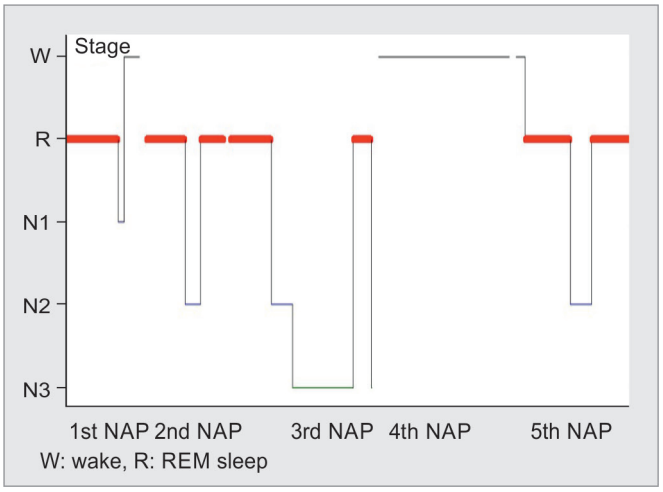

Fig. 1: Multiple sleep latency showing five naps in which the first, second, fourth, and fifth naps have sleep-onset REM and the average sleep latency is less than one minute

Discussion

Narcolepsy typically presents with EDS, sleep onset hallucinations, sleep paralysis, and cataplexy. Diagnosis requires the above symptoms along with cataplexy or an MSLT having two SOREMs and a sleep latency <8 minutes in MSLT or a reduced cerebrospinal fluid (CSF) hypocretin levels.[2] Due to the uncommon nature of the disease, it is often diagnosed late and misdiagnosed as a neurological or a psychiatric illness. An MSLT is done after an overnight polysomnography to rule out underlying sleep-related breathing disorders. In an MSLT, five scheduled naps are given and sleep onset is observed. If the patient does not go to sleep, the nap is terminated at 20 minutes. If the patient has sleep, then SOREM is looked for up to 15 minutes from sleep onset. A diagnosis of narcolepsy can also be made if the patient has one SOREM in MSLT and one SOREM in the preceding night polysomnography. Till date, there are <100 cases reported from India which may be because of the lack of awareness in patients and medical professionals, lack

of sleep laboratories, and underdiagnosis.[3] The patient discussed in the case above was a medical professional herself and was not aware of the underlying diagnosis and presented after 2 years of symptom onset.

Conclusion

Even though narcolepsy is an uncommon disease, a high index of suspicion must be kept in all patients who present with EDS with other symptoms including sleep attacks, hallucinations, and cataplexy. Early diagnosis with MSLT and appropriate medical treatment can bring about a large reduction in morbidity.

Orcid

Pranav Ish https://orcid.org/0000-0003-1701-4970
Nitesh Gupta https://orcid.org/0000-0002-5842-5584
Mahendran Arul Janakiammal https://orcid.org/0000-0003-4907-1312

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