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Case Report

A Rare Report of Closed Eye Lilliputian Visual Hallucination in A Patient with Schizophrenia

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ABSTRACT

Reports on closed eye visual hallucinations in literature are sparse. This case report discusses closed eye visual hallucinations in a 31 year old man diagnosed with Schizophrenia. The vivid complex visual hallucinations were triggered only by eye closure and disappeared on opening of eyes. General physical and examination of systems were within normal limits. There was no ophthalmological deficit. This case report is one of the few reports which discuss closed eye visual hallucination in Schizophrenia.

Key words: Closed eye visualizations, Lilliputian Hallucinations, Schizophrenia

INTRODUCTION

Hallucinations are Common in patients with Schizophrenia. But Closed Eye Visual Hallucinations are a rare type of psychopathology compared to other perceptual abnormalities present in Schizophrenia. Closed eye visual hallucinations are reported in setting of Hyponatremia. [(1)] Other cases of closed eye visual hallucinations are reported after minor surgery, orthopaedic surgery and after a coronary artery bypass grafting. [(2-5)] Atropine overdose causing closed eye visual hallucinations which resembled hypnagogic hallucinations was reported by another investigator. [(6)] Also another report described a patient with an interhemispheric subdural hematoma in left occipital area who developed complex visual hallucinations in the quadrantanopic visual field only during eye closure. [(7)] The occurrence of visual hallucinations on eye closure has rarely been reported in patients with psychiatric disorders without any other organic pathology.

When it comes to Psychiatric disorders the phenomenology of closed eye visual hallucinations can resemble visual imagery, hypnagogic hallucination or pseudohallucination. In this report we describe a patient diagnosed with Schizophrenia with closed eye visual hallucinations.

CASE DESCRIPTION

A 32 year old unmarried male from Kerala was admitted with the complaints of decreased interaction, poor work performance since 2 years, an attempt of suicide 2 years ago and suspiciousness, fearfulness, hearing voices and decreased sleep since 5 months. There was no history of any substance use, head injury, seizures or any other medical morbidity. On Mental Status Examination there was decreased talk and psychomotor activity but no prominent

mood symptoms. Second person and Third person auditory hallucinations were present with Delusion of Persecution. Patient also reported of complex visual hallucinations triggered by eye closure which disappeared on opening of eye. He could see moving figurines of people, both familiar and unfamiliar around 5 to 10 in number in front of his eyes when he was awake. This established that the Hallucinations were in external objective space and occurred during conscious state. These figurines were as clear as normal people but the size of his fingers (Liliputian). They would walk on his hands and table and poke at his closed eyes as well. He considered them as real and would reach out to these figurines with closed eyes and hold them and point out their parts. They disappeared on opening his eyes. When he would close his eyes they would appear against his will causing him distress. He had difficulty initiating sleep as they would appear again and would disappear once he fell asleep. These figurines would also talk to him and among themselves in Malayalam. This was clearly heard by him, was comprehensible, involuntary, considered real by him and he would reply when spoken to by them. His cognitive functions were intact and systems including neurological examination were within normal limits.

His blood investigations which included complete blood counts, renal function tests, liver function tests, thyroid function tests, tests for Syphilis, HIV and Hepatitis B and MRI brain (1.5T) were all within normal limits. EEG showed bilateral frontal wave slowing which was opined by the Neurologist as a non specific finding. Ophthalmologists found no ocular pathology on detailed examination.

A diagnosis of Schizophrenia Paranoid was made and he was started on Antipsychotic Olanzapine, the dose of which was gradually increased to 20mg. Patient on follow up reported no auditory hallucinations and decrease in frequency and intensity of closed eye visual hallucinations.

DISCUSSION

The current investigators found only few reports on closed eye visual hallucinations in medical disorder and only one case report in patients with psychiatric disorder. [(7,8)] In the present patient, this phenomenon can resemble visual imagery but it is unlikely as it is involuntary, in the external objective space and has clarity and occurs when patient is fully awake. He takes it to be real and lacks insight into the hallucination which also differentiates it from pseudohallucinations. [(9)] In this patient the phenomenon is more in concordance with hallucination. As there was no dark room available confirmation as to if it was the darkness or only eye closure which triggered the hallucination could not be ascertained. This case report is unique as it discusses closed eye Lilliputian visual hallucinations in a patient with Schizophrenia which is a rare occurrence.

CONCLUSION

Though closed eye Lilliputian visual hallucination is a rare psychopathology, it should be evaluated for any medical etiology which is a more common cause than psychiatric disorder. A detailed neurological examination including Neuroimaging and EEG is required along with an ophthalmology consultation to rule out ocular pathology. The present investigators found this phenomenon after thorough investigation in a patient with Schizophrenia.

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