Case Report

Catatonia Presenting as Developmental Regression in a Child with Down Syndrome

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Down Syndrome (DS), which occurs in 1/800 live births, is the most common genetic disorder in the United States. Of the children that are born with this condition, it is not uncommon for them to present with deterioration in function. The initial investigation for such a presentation includes evaluating for thyroid disease, seizures, sleep apnea, anemia, or cardiac disease. Once these have been ruled out the typical resulting diagnosis is depression as the etiology of regression. However, catatonia is not typically evaluated for and can be a reversible, treatable cause of regression in children and adolescents with developmental regression. And thus, it must be considered.

A 10 year old girl with trisomy 21 and hypothyroidism presented with signs of developmental regression for two years that's been more notable over the last 9 months. There was initially a concern that this was secondary to depression and she was trialed on zoloft at a reasonable dose for several months with no improvement or change in symptoms. Upon much literature review regarding regression in Down's syndrome, there was sufficient concern that she may have catatonia. Other etiologies such as hypothyroidism, autoimmune thyroid disease, an autoimmune encephalopathy, or paraneoplastic process were all ruled out. She was then admitted for LTM to characterize staring and shaking spells she had been having, which were ultimately not epileptic in nature. She was then monitored during a benzodiazepine trial, which was markedly successful in improving her speech and social functioning. Since starting scheduled Lorazepam she is nearly back to her baseline.

This patient illustrates that catatonia may be a cause of functional decline in children and adolescents with Down Syndrome. DS patients with catatonia respond to treatment and may even regain baseline functioning when treated appropriately.