

Case Blog

Alice in Wonderland Syndrome, what an Enigma

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Abstract

A 34-year-old Caucasian male presented to the neuropsychiatry clinic with dissociative sensory symptoms, on-going for the last few years. Treatment evidence around Alice in Wonderland Syndrome is elusive with lack of clarity on its psychopathology. This case-report summarizes treatment ineffectiveness.

Keywords: Psychopathology; Alice in wonderland syndrome; Anxiety; Stress

Introduction

Alice in Wonderland Syndrome (AWS) is a neuropsychological condition that distorts perception. The distortions are mostly noticeable in visual perception and are identified as micropsia (smaller objects), macropsia (larger object), pelopsia (objects are closer), or teleopsia (objects further away). The phenomenon has also been noticed in other sensory modalities.

Case Presentation

A 34-year-old Caucasian male was seen at the outpatient clinic, who has been experiencing sensory distortion since age 6. The initial experience continued until age 17 and then stopped until 28.

Client described how shapes appeared distorted and objects felt further away from him. He retained insight to his experiences and understands that they are not real. The experiences seem to intensify after waking up in middle of the night and last from few seconds to few hours. He has learnt to distract himself from them either by watching television or reading. When the experiences happen, he feels anxious and scared, perpetuated by anxiety and stress [1,2]. He denied having any associated sleep wake cycle disturbances such as hypnopompic and hypnogogic hallucinations. There was no associated history of REM sleep behavior disorder or parasomnias. He consumes alcohol occasionally and had previous history of using cannabis, no stimulants. No significant medical history noted.

Treatment

The literature for AWS treatment is non-existent. The treatment is based on identify etiology. There have been case reports on using anti-migraine medications. Effective treatment regime requires ongoing research [3,4].

Discussion

There has been study that have cited its association with migraines

(similarity due to abnormal electrical activities leading to change in processing perceptions), structural brain tumors, psychoactive drug use. Cinbis and Aysun [3] noted that it was commonly associated with Epstein-Barr virus.

Eshel et al. [5] reported similar presentation of sensory distortion in children with mononucleosis, short lived. It has also been noted in literature that the condition is most commonly associated with sleep disturbances, possibly a sleep wake cycle disorder. There has also been reports that migraine, nausea, dizziness and agitation are often associated with AWS [6-8].

Due to associated anxiety and distorted sensation, it is difficult for patient to approach medical practitioners due to fear of being labeled with a mental health disorder, mostly psychosis.

Conclusion

Individual with AWS have insight and are aware of the distortions, unlikely those with psychosis. Associated anticipatory anxiety and fear can have impact on patient's quality of life, though the disorder itself has fluctuating presentation. The syndrome was coined after the famous author Lewis Carroll (Alice's Adventures in Wonderland).

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