

I know what are you going to say: A case of persistent DÉJÀ VU

Dr. Amit Kumar Gupta¹, Dr. Gyanendra Kumar², Dr. Mayank Rai³,

1. Senior Resident, Department Of Psychiatry, M.L.B. Medical College, Jhansi, Uttar Pradesh.

2. Professor and HOD, Department Of Psychiatry, M.L.B. Medical College, Jhansi, Uttar Pradesh.

3. Post Graduate Trainee, Department Of Psychiatry, Regional Institute of Medical Sciences, Imphal, Manipur.

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I. Introduction

Déjà vu (DV) has been said to be any subjectively inappropriate impression of familiarity of present experience with an undefined past. Although 60–80% of the healthy population have experienced déjà vu one or more times throughout their life.^[1] The term was coined by the French psychologist Emile Boirac in his monograph *L'Avenir des sciences psychiques*.^[2]

II. Case Report

An 18 year old boy was referred to our psychiatry OPD with complaints of feeling a sense of having being familiar with unknown and completely new situations for the last 2 months. When enquired further about his condition he told that “ I can feel that I know you from before, I know what are you going to say, as well as I have visited this OPD before. The situation seems familiar as well as the topic of conversation is also known to me. When I was attending a recently released movie in a nearby cinema hall for the first time in my life, I could feel that I have been to this theatre before, seen this movie with the same people and knew the storyline of the said movie although it was recently released.” Apart from feeling like this he had no history of any periods of confusion, tonic clonic movements, any fainting episodes or any other form of aura.

There were no anomalies detected on the MRI. The asleep interictal EEG revealed generalised epileptic discharge.

The patient was started on Divalproate Sodium 500mg twice daily but the symptoms of the patients continued unabated when he followed up in the OPD 2 weeks later. Then he was given 200mg of Carbamazepine twice daily along with Divalproate after which he reported symptoms of intense sleepiness and drowsiness. Following that, all his previous medicines were stopped and he was started on Oxcarbazepine 300mg twice daily. A month after the change in medicines he reported 50-60% subjective improvement in symptoms and his EEG report was found to be normal. After one and a half months he called us up to inform that his symptoms had subsided completely and hence he had stopped taking the medications.

III. Discussion

Déjà vu has almost equal incidence in cryptogenic and symptomatic focal epilepsy and can occur as a simple partial seizure or as a part of secondary generalized epilepsy.^[2] further studies have indicated a significant role of limbic and/or temporal neo-cortical activation in the genesis of various kinds of "experiential" responses which occurred in patients of temporal lobe epilepsy showing the DV phenomenon.^[3] Both mesiotemporal and neocortical temporal areas are involved in the DV phenomenon but it has also being hypothesized to be due to a result of faulty and isolated activity of a recognition memory that comprises of parahippocampal gyrus and its neocortical connection.^[4] As most of the cases of DV is caused by TLE, it is treated with medications, resective surgery, and Vagus nerve stimulation^[5].

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form patient has given his consent for his clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity can not be guaranteed.

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Nil.

Conflict of interest

There are no conflict of interest.

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