



Late-Onset Tourette Syndrome Equivalents - Case Report

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Abstract

Background: I review here classical (early onset) Tourette syndrome. I also describe two cases of late-onset Tourette syndrome equivalents reported up till now.

Case Presentation: I add the third case of this new syndrome in a 57 year old man characterized by sniffing under stress. Stress also induced mild dyskinetic movements on the left shoulder. I termed this new syndrome "Late-onset Tourette Syndrome Equivalents".

Conclusion: This is a new syndrome in the elderly which merits wider recognition. Importantly, patients with this syndrome require no medication for tic suppression moreover neuroleptics sometimes used in classical Tourette syndrome should not be administered in the elderly because of frequent and often severe side effects.

Keywords: Tourette syndrome; Late Onset Tourette syndrome equivalents; Tics; Movement disorders

Abbreviations

LOTSE: Late Onset Tourette Syndrome Equivalents; TS: Tourette Syndrome

Introduction

Tourette Syndrome (TS) is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations or tics. Georges Gilles de la Tourette, a French neurologist, first described the condition in a noblewoman in 1885 who was affected by this disorder since childhood.

Tourette syndrome is a type of Tic Disorder. Tics are involuntary, repetitive, movements and vocalizations. Tics may be the primary symptoms of a group of childhood-onset neurological conditions known as Tic Syndrome disorders (TS), which are persistent (Chronic) Motor or Vocal Tic disorders.

These three early onset Tic disorders are named based on the types of tics present (motor, vocal/ phonic, or both) and by the length of time that the tics have been present.

The early symptoms of classical TS are typically noticed first in infancy, with the average onset between the ages of 3 and 9 years. This syndrome occurs in people from all ethnic groups; males are affected about three to four times more often than females. It is estimated that 200,000 Americans have the most severe form of TS, and as many as one in 100 exhibit milder and less complex symptoms such as chronic motor or vocal tics only. Although TS can be a chronic condition with symptoms lasting a lifetime, most people with the condition experience their worst tic symptoms in their early teens, with improvement in the late teens and continuing into adulthood [1-3].

By contrast Late-onset Tourette syndrome equivalents are characterized by unexpected cursing in previously normal elderly individuals. This syndrome was first described in 2019 [4].

Case Presentation

Here I report a 57 year old man who exhibited sniffing of recent onset during stressful telephone conversations. This patient had, additionally, mild dyskinetic movements of the right shoulder of recent onset which appeared during stressful conversations. His work included roofing and handyman labor, he had limited educational achievements and although his native language is Spanish he speaks English well. He is married and has three daughters who show no clinical abnormalities, one daughter has a one year old son who is clinically normal.

The diagnosis of Late-Onset Tourette Syndrome Equivalents (LOTSE) can be made after the patient has had symptoms for at least one year. There are no blood, laboratory, or imaging tests;

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LOTSE remains a so called “spot diagnosis” [5].

Abnormalities in certain brain regions (including the basal ganglia, frontal lobes, and cortex), the circuits that interconnect these regions, and the neurotransmitters (dopamine, serotonin, and norepinephrine) are thought to be responsible for the classical (early onset) variety of TS [2].

By contrast, in LOTSE small strokes in these regions and or disturbances in neurotransmitters release may account for the disorder.

In patients with LOTSE the symptoms do not cause clinical impairment. The patients require no medication for tic suppression moreover neuroleptics sometimes used in classical Tourette syndrome should not be administered in the elderly because of frequent and often severe side effects.

The differential diagnosis of Late Onset-Tourette syndrome equivalents includes facial spasms, such as psychogenic facial spasm, facial tic, facial myokymia, tardive dyskinesia and blepharospasm.

Conclusion

Tourette syndrome is a young person’s disorder however occasionally a tic appears for the first time in a previously healthy aged individual with clinical features very similar to the classical (early onset) variety. I term this new clinical syndrome “Late-Onset Tourette Syndrome Equivalents”. This term is adapted from [6].

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