

## Letter to the Editor

### Antisocial personality disorder with porencephalic cyst

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Antisocial personality disorder is one of the oldest and most well researched of the personality disorders. Cleckley (1941) gave a detailed description emphasizing the psychological traits of guiltlessness, egocentricity and incapacity to love, superficial charm, lack of insight and failure to learn from past experiences. Hare (1983) has continued to research the psychopathic personality as it was called earlier. Family and twin studies have demonstrated some degree of biogenetic predisposition to antisocial or criminal behaviour (Brantley and Sutker 1984). The principal biogenetic variables are unclear. Fowles (1984) have proposed low cortisol arousal and reduced level of inhibitory anxiety. None of the studies have demonstrated clearcut organic findings.

Here we report a case of antisocial personality disorder with porencephalic cyst.

Mr Ry, a 27 year-old Malaysian bachelor, who was left-handed, presented with a history of weakness in the right limbs since childhood. He also had a history of personality problems (since childhood) such as truancy, stealing, breaking and entering homes, picking quarrels, alcohol and ganja dependence, molesting girls and violence with two arrests. He sustained a mild head injury in 1987 followed by seizures 18 months later. Seizures were of a focal type leading to generalized seizures which occurred 3-4 times a year. His parents did not care for him and one of his brothers was a known epileptic. Mr Ry started to walk at the age of three years although walking was impaired due to dragging of the right leg. He dropped out of school after seven years. He changed his job several times, mostly due to quarrels with his employers. Physical examination revealed right-sided weakness of both the upper and lower limbs, power was grade 4, right planter was extensor and fundus was normal. Mental sta-

tus showed no abnormality. A provisional diagnosis of antisocial personality disorder with infantile hemiplegia and epilepsy was made and investigations ordered. The findings of language testing showed comprehension 97%, expression 86.7%, repetition 77.5%, naming 88.3%, constructional apraxia 60%, lexical ability 15.7% and graphical ability 39.1%. EEG findings were within normal limits. CT scan showed porencephalic cyst on the left side in conjunction with the lateral ventricle.

Our final diagnosis was porencephalic cyst with infantile hemiplegia combined with antisocial personality disorder and epilepsy.

Mr Ry's epilepsy was controlled by carbamazepine and as there was no raised intracranial tension, it was decided that neurosurgical intervention was unnecessary. Long-term psychotherapy is being planned for him.

We have described a case of antisocial personality disorder associated with a demonstrable organic lesion. We suggest that it would be worth screening for organic causes in such cases.

#### References

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