Introduction

Gilles de la Tourette syndrome is a pediatric neuro-psychiatric condition generally affecting children with normal intelligence, and may affect also talented children. The rather bizarre manifestations of the syndrome including involuntary movements and utterances may make an intelligent child a victim of the disorder, and unfavorably affects his/her school performance and lead to social rejection and isolation. Awareness of this condition by the community, educators, and also medical practitioners is useful and help in avoiding the loss of such children who have the potential to be a talented person [1, 2]. The aim of this paper is to present a case and to provide a brief account on the early documentation of syndrome in the literature.

Methods

The case of a ten-year old boy with Gilles de la Tourette syndrome is described and the relevant literatures were reviewed to outline the early documentation of the disorder in the literature.

Results

A.Y was first seen at the pediatric psychiatric clinic of the Children Teaching Hospital of Baghdad Medical City at the age of ten years because they were saying at school that the boy is crazy because of his abnormal behaviors. The boy’s abnormal behaviors mentioned by his mother included shrugging his shoulders, shrugging his hips with unusual movements of the legs as if he was dancing, unusual facial grimace and lip licking, rubbing his chin, licking the back of his hand, producing abnormal sounds from his throat, and echolalia.

Review of the earliest relevant literature revealed that the condition was first described in a book entitled “Malleus Maleficarum” which means “Witch’s hammer”. Jean Marc Gaspard Itard, a French doctor described the first case of Tourette syndrome in 1825.

Conclusion

Awareness of this condition by the community, educators, and also medical practitioners is useful and help in avoiding the loss of such children who have the potential to be a talented person.
The boy was studying at 4th grade of primary school and his school performance was considered acceptable. At the pediatric psychiatry clinic, the mother the child was whispering to the mother asking her not to say certain things, and the mother appeared to hide some embarrassing behaviors of her son. However, the boy’s abnormal behaviors mentioned by his mother included:

- Shrugging his shoulders.
- Shrugging his hips with unusual movements of the legs as if he was dancing.
- Unusual facial grimace and lip licking.
- Rubbing his chin.
- Licking the back of his hand.
- Producing abnormal sounds from his throat.
- Echolalia which is repeating some words he was hearing.

The parent was reproaching the boy and asking him to stop doing these behaviors, but in vain. The child was obviously embarrassed from these behaviors and was trying to avoid talking about them, but he confirmed that he cannot stop them. The boy has been experiencing these abnormal behaviors for more than one year.

At the clinic the child was cooperative and responsive, but he was obviously trying to avoid talking about his abnormal behaviors because of embarrassment. The child was convinced to show some of the abnormal movements and he showed how the involuntary movements of rubbing his chin (Figure-1).

Review of the earliest relevant literature revealed that the condition was first described in a book entitled “Malleus Maleficarum” (Figure 2) which means “Witch’s hammer”.

The book was written by Jakob Sprenger and Heinrich Kraemer, and was published in the late 15th century. The book described a priest whose tics were considered to be related to possession by the devil”.

Jean Marc Gaspard Itard (Figure 3), a French doctor described the first case of Tourette syndrome in 1825. He described a female patient, Marquise de Dampierre who was a distinguished woman of nobility in her time.

As Haloperidol was the most commonly used medication to treat Gilles de la Tourette syndrome (Bixby,1970; Healy,1970; Nishiura and Hirota,1970; Shapiro, 1970) [1], the child was treated with haloperidol in initial dose of 0.5 mg daily, increased to 1mg daily within a week. Haloperidol was successful in reducing the child’s symptoms.

Figure 1: At the clinic the child was cooperative and responsive, and was convinced to show some of the abnormal movements, and he showed how the involuntary movements of rubbing his chin.

Figure 2: The syndrome was first described in a book entitled “Malleus Maleficarum”.

Figure 3: Jean Marc Gaspard Itardm (1774-1838), a French physician who
During the years 1984, 1885, and 1899, Georges Gilles de la Tourette (Figure-4), [Gilles de la Tourette. Arch, de Neur, 1884; Gilles de la Tourette. Arch, de Neur, 1885; Gilles de la Tourette. Semaine Medicale, 1899] described nine patients having sporadic condition Maladie des tics convulsifs.”

In fact, Jean-Martin Charcot who was influential French physician assigned himself his resident Georges Albert Édouard Brutus Gilles de la Tourette, the duty of studying the patients at the Hospital universities Pitié-Salpêtrière. Their aim was to define the condition and make it distinctive from hysteria and from chorea [1, 3].

One of the patients described by Gilles de la Tourette’s description was a seven-year old child who exhibited a series of tics. The twitches were initially confined to the facial musculature with later appearance of vocal tics as expiratory laryngeal noises such as hems and ahs and gradually the abnormal movements involved the shoulders and arms.

Gilles de la Tourette emphasized that the manifestation of the disorder may be limited to abnormal facial movements for several months or years before the development of the inarticulate laryngeal sounds [1-3].

In 1968, Arthur K Shapiro, treated a patient having Gilles de la Tourette syndrome with haloperidol, and published a paper criticizing the psychoanalytic approach. The contributions of Shapiro improved the understanding of the syndrome, and completely changed the prevailing view of the condition [4].

**Discussion**

Children with Gilles de la Tourette syndrome can be faster than the average for their age group on timed tests of motor coordination. Tim Howard authored a book with Ali Benjamin entitled “The Keeper: A Life of saving goals and achieving them”. He described his career and his life with Gilles de la Tourette syndrome. Howard thought that his neurological structure gave him an enhanced perception and ability to hyper-focus that contributed to his success on the field of football.

**Conclusion**

Awareness of this condition by the community, educators, and also medical practitioners is useful and help in avoiding the loss of such children who have the potential to be a talented person.

**Acknowledgement**

1. The author would like to express his gratitude for the patient of the patient for willingly accepting publishing his photos.
2. Some of the sketches were included in some of the author’s publications, but the author has their copyright.

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