

Conversion Disorder (Functional Neurological Symptom Disorder)

- Neurological symptoms (e.g., paralysis, blindness, seizures) without organic cause
- Triggered by psychological factors: stress, trauma, emotional conflict
- Diagnosis: Exclusion of organic/neurologic causes
- Risk factors: trauma history, psychiatric illness (depression, anxiety), personality disorders
- Prevalence: 5–14 per 100,000 annually¹; more common in women (20–40 y/o)¹
- Higher risk in peripartum women²
- **Management:**
 - Cognitive Behavioral Therapy (CBT)
 - Physical therapy
 - Multidisciplinary approach

Case

- **Patient:** 26-year-old G6P1222, 32 Weeks
- **History:** HTN, pre-eclampsia, depression/bipolar, IUFD, nerve entrapment
- **Admission:** Early epidural placed after admission for morphine sleep and subsequent SROM; inadequate pain relief
- **C/S Indications:** Cat II FHR, “concern for unknown uterine pathology“, and uncontrolled pain after epidural placement and failure to obtain adequate level → spinal → GA
- **Post-op Findings:**
 - No motor/sensory function in LEs on PPD 1
 - Stocking distribution sensory loss
 - Normal UE function
 - Unconcerned with symptoms (la belle indifférence)
 - No hematoma or anatomic cause (MRI normal)
- **Outcome:** Diagnosis → Conversion Disorder; Discharged with PT plan

Clinical Implications and Prognosis

•Risk Factors Present:

- Psychiatric history
- Prior obstetric trauma (IUFD, complications)
- Acute peripartum stress (emergent C/S, NICU admission)

•Differential Diagnoses Considered:

- Epidural hematoma (ruled out via MRI)
- Malingering, Factitious Disorder (less likely given history & presentation)

•Key Clinical Feature:

- La belle indifférence**—disproportionate lack of concern for severe symptoms, found in 21% of cases³

•Recovery Prognosis:

- Up to **96% full neurologic recovery** if improvement begins during inpatient stay⁴
- 30%** recovery rate if no initial improvement⁴
- 25%** recurrence rate over lifetime⁵

References:

1. Chaudhry HR, Arshad N, Niaz S, Cheema FA, Iqbal MM, Mufti KA. Fifteen-year follow-up of conversion disorder. *Int Psychiatry*. 2005 Oct 1;2(10):17-19. PMID: 31507790; PMCID: PMC6733134
2. Munk-Olsen T, Laursen TM, Meltzer-Brody S, Mortensen PB, Jones I. Psychiatric Disorders With Postpartum Onset: Possible Early Manifestations of Bipolar Affective Disorders. *Arch Gen Psychiatry*. 2012;69(4):428-434. doi:10.1001/archgenpsychiatry.2011.157
3. Stone J, Smyth R, Carson A, Warlow C. La belle indifférence in conversion symptoms and hysteria: Systematic review. *British Journal of Psychiatry*. 2006;188(3):204-209. doi:10.1192/bjp.188.3.204
4. Couprie W, Wijdicks EF, Rooijmans HG, van Gijn J. Outcome in conversion disorder: a follow up study. *J Neurol Neurosurg Psychiatry*. 1995 Jun;58(6):750-2. doi: 10.1136/jnnp.58.6.750. PMID: 7608683; PMCID: PMC1073562.
5. Feinstein A. Conversion disorder: advances in our understanding. *CMAJ*. 2011 May 17;183(8):915-20. doi: 10.1503/cmaj.110490. Epub 2011 Apr 18. PMID: 21502352; PMCID: PMC3091899.