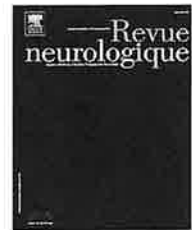




Available online at
ScienceDirect
 www.sciencedirect.com

Elsevier Masson France
EM|consulte
 www.em-consulte.com



Letter to the editor

Severe insomnia with nightmares

1. Abbreviations

PTSD Post-Traumatic Stress Disease
 REM Rapid Eye Movement
 WASO Wake After Sleep Onset

2. Case report

A 45-year-old woman had suffered from right frontal epilepsy and intellectual deficiency since childhood in a context of leukoencephalopathy without etiology. She received valproic acid 1500 mg/day and oxcarbamazepine 600 mg/day. During the follow-up, she reported disturbed night sleep and nightmares (attributed to traumatic experience) for about

ten years resulting in daytime sleepiness. Wrist actigraphy showed daytime sleep periods rather than night sleep with the same duration, around four hours per 24 hours (Fig. 1). Polysomnography revealed 5-minute sleep latency, 69-minute rapid eye movement (REM) sleep latency, 258 minutes total sleep, 93 minutes N3 sleep, 35 minutes REM sleep and 243 minutes wake after sleep onset (WASO). Periodic limb index was 50/h and arousal index 34/h. Respiratory monitoring was not tolerated except for oxyhemoglobin saturation which was normal. The multiple sleep latency tests demonstrated excessive daytime sleepiness with two-minute sleep latency average and two onset sleep REM periods. Sleep debt secondary to post-traumatic stress insomnia and narcolepsy were discussed. Narcolepsy type 1 was confirmed by cerebrospinal fluid orexin A deficiency (< 50 ng/L). Brain magnetic resonance imaging only showed leukoencephalopathy. The patient was HLA DQB1*06:02 heterozygote. Her husband

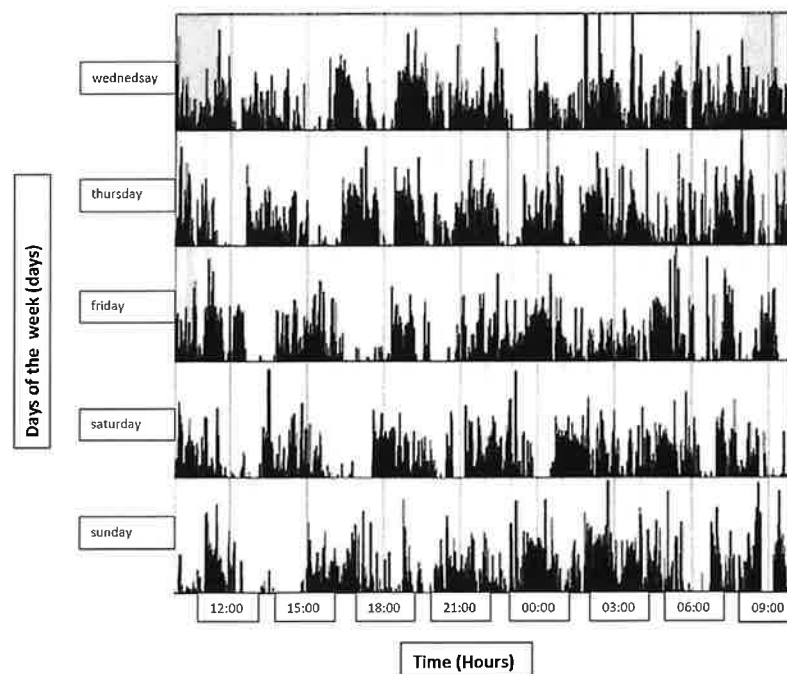


Fig. 1 – 5-day continuous wrist actigraphy. Wrist movements reflecting anarchic sleep rhythm.