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Letter to Editor

A rare case report of Asperger's syndrome comorbid with major depressive disorder: Fainting takes the spotlight

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To the editor,

Asperger's syndrome (AS) refers to a high-functioning form of autism. In the Diagnostic and Statistical Manual of Mental Disorders (DSM). The behavior ascribed to Asperger's is now encompassed under the umbrella diagnosis of Autism Spectrum Disorder (ASD).[1] Among individuals with AS, prevalent characteristics include hyperactivity, aggression, and learning difficulties, often accompanied by social interaction impediments, restricted and repetitive interests, and rigid patterns of behavior.[2] However, AS comorbidity with Major Depressive Disorder (MDD) in which fainting serves as the principal symptom is rare. In this report, we reported a case of an adolescent male patient who sought hospital treatment due to sudden fainting without any obvious causes. Subsequently, psychiatrists diagnosed him with AS comorbid depression.

A 16-year-old adolescent male patient suddenly experienced a syncope episode lasting approximately 30 min. During this time, he retained memories of his surroundings without exhibiting salivation, bodily convulsions, or urinary or fecal incontinence. He was urgently transported to our emergency department for treatment and gradually regained consciousness. Physical Examination: his body temperature stabilized at 36.6 °C, pulse rate at 94 beats/min, respiratory rate at 20 breaths/min, and blood pressure at 136/74 mmHg. Consciousness was clear with unremarkable cardio-pulmonary and abdominal findings. No significant abnormalities were demonstrated in routine bloodwork, electrolytes, or hepatic and renal functions. A psychiatric assessment disclosed a pervading melancholy, diminished interest, and lack of concentration, demarcated by sporadic self-injury ideations. Further discussions with the patient and his family revealed delayed speech development compared to peers, early decline in social skills, introverted personality traits, but exceptional mechanical memory since childhood. Remarkably, he had a strong inclination towards reading and was able to accurately recall detailed content from books. The patient exhibited higher intellectual abilities compared to his peers, yielding superior academic performance and narcissistic overconfidence. Disheartening examination scores of the prior year in conjunction with escalating scholastic pressure resulted in suboptimal performance. It was hypothesized that changes in his social milieu failed to gratify the prior self-assured, narcissistic dispositions, yet the heightened self-perception persisted, hinting at the probability of fainting episodes as avoidance behavior. Thus, given the patient's intellectual aptitude and linguistic expression align with normative standards, yet social interactions present challenges along with certain stereotypic behaviors, a concluding diagnosis of AS, co-occurring with MDD, was formulated. Psychological therapy and treatment with antidepressant medication were provided, leading to improved emotional stability, absence of physical discomfort, and no further syncope episodes. The patient was later discharged but further follow-up is required.

In this case, a patient with co-occurring AS and MDD experienced a rare episode of fainting due to narcissism and difficulty adapting to new circumstances. It serves as a reminder that the early symptoms of AS are often disregarded or considered a normal part of development, leading psychiatrists to neglect its diagnosis. Therefore, the precise identification of early AS signs and diagnosis is of paramount importance, and more work remains in this area.

Declaration of competing interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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