ASPERGER SYNDROME

Clinical picture at a 5-year-old boy and diagnostic work of assessment.

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1. START

The child’s parents consulted the Liege Autism Reference Centre in 2007; the child was 5 years old. A diagnosis of Asperger Syndrome has been evoked. The main difficulties arise at school to the point that the child stayed at home for a few weeks and worked with his father.

2. CLINICAL PICTURE

Uncommon abilities:

* Language: he began to speak when he was about 8 months had a wide vocabulary very early; he still takes pleasure in inventing new words, in playing on words and tones.

* Apprenticeship: he was capable of everything and eager to learn since he was 3 years old; he knew the flags of the different nations, compared their colours in different dictionaries; he also knows the international code of signals and the meaning of the marine signal flags; he is an expert in coats of arms, in French medals... he is a big fan of space and knows every planet in the solar system.

* Computer sciences: he watched his father use the computer very quickly; now he is independently.

* Reading: he began to learn when he was 3-4 years old and is now progressing alone with didactical softwares.

* Music: he prefers adults’ songs or classical music; he is able to play the music, to sing the second voice ...

* Spatial orientation and observation: when he travels by vehicle, he pays very attention to the road and to information given by GPS, he memorizes the road as well as its difficulties.

Main difficulties:

* Social interaction: he presents a significant impairment in day-to-day functioning; he would like to have friends but doesn’t know how to socialise; his games are strange: jumping on drain covers, turning around columns, continuously pressing switches on and off, closing and opening doors; he pays very attention on details.

As well home or at school during our assessment, this boy has a major problem obeying commands and following rules: he doesn’t obey command, disrupts the group activity, he can “abrogate” an activity by shouting, producing sounds, being violent; he doesn’t like unexpected events or changes; he is an emotional boy, sometimes aggressive and gets angry; he needs being isolated from the situation to be able to calm down. He is also very anxious.

* Physical clumsiness: particular physical movements when he is under stress.

* Sensory processing: he is continuously pressing switches on and off, closing and opening doors; he can also take refuge in the toilet and stay there playing with the toilet flush. He spends a lot of time looking very attentively at the pictures of a dictionary.

3. CLINICAL ASSESSMENT

* Developmental anamnesis: no general delay in language or cognitive development, on the contrary: very premature; he began to speak when he was about 8 months.

* Medical anamnesis: difficult pregnancy: ovarian stimulation, endocervical polyp ablation at 6 months of pregnancy, early delivery threat at 7 months of pregnancy. Delivery without problem. Birth weight: 2Kg700, length 49 cm; normal neuropediatric examination.

4. ETOLOGIQUE HYPOTHESIS:

Developmental factors: abnormal migration of embryonic cells during foetal development may affect the final structure and connectivity of the brain, resulting in alterations in the neural circuits that control thought and behavior (AUTISM: a neurological disorder of early brain development R. Tuchman, I. Rapin)

4.1 difficulties to identify human stimuli: facial expressions, intonations, physical attitudes...

4.2 lack of theory of mind: impairments in understanding or anticipating intuitively the intentions and the thoughts of the other one; the boy has difficulties of social integration and instinctive understanding of the rules of life in group; he doesn’t understand behavior or situations and becomes very anxious

4.2 lack of empathy with his peers: difficulty to perceive intuitively what the other one feels.

4.3 Regulation disorders of sensory processing which “refer to child’s difficulties in regulating emotions and behavior as well as motor abilities in response to sensory stimulation that lead to impairment in development and functioning”. (DC/0-3R)

4.4 another intelligence: better capacities to see details without deficit of global perception (L. Mottron: Tautisme, une autre intelligence)

5. DIAGNOSIS

Very numerous regulation disorders of sensory processing (DC/0-3R):

Asperger syndrome DSM IV. R: F84.5 [299.80] type hypersensitive negative/defiant (410)

6. PROPOSAL FOR GLOBAL CARE AND ORIENTATION

* A school integration assistant in his class of 1° year of common education: a student in psychology is present and supports him at his classroom half a day a week.

* Some information to the teacher.

* Backing and support to his parents who are very attentive and very involved in the assistant that their child needs.

* A new evaluation must be made before the end of the school year.

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