

Shoplifting, Depression and an Unusual Intracranial Lesion (A Case Report)

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SUMMARY

A case is reported of shoplifting occurring in a depressive illness of suicidal intensity. In addition, there was present an unusually large intracranial lesion, the differential diagnosis of which is discussed, although its exact nature remains uncertain.

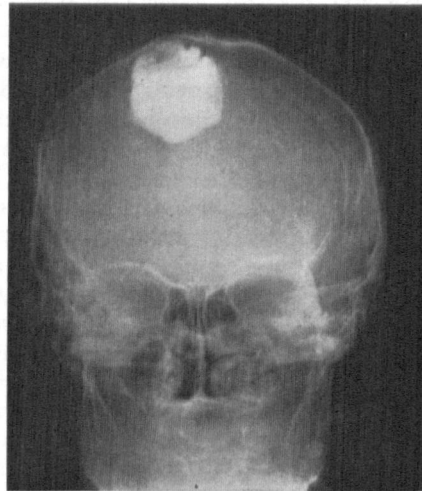
CASE HISTORY

A 66-year-old widow was admitted to a regional poisoning treatment centre having consumed 50 Mogadon tablets (250 mg nitrazepam). After conservative treatment she was transferred to a psychiatric hospital. Three weeks previously she had been arrested for shoplifting at a local supermarket and her shame was such that she had wished to end her life. She was employed as a resident housekeeper to a wealthy family where she was held in high regard. She was a highly conscientious woman and her meticulously planned and executed suicidal bid would doubtless have succeeded, had she taken a hypnotic more toxic than nitrazepam.

In the previous 5 years she had experienced blackouts on twelve–sixteen occasions, when she would suddenly, without warning, lose consciousness for 1–2 minutes. She had sustained injuries in these episodes but there had been no convulsions or incontinence. Her general practitioner had prescribed a small dose of imipramine. Two years prior to the self-poisoning she had undergone a cholecystectomy and choledocholithotomy following an episode of obstructive jaundice. Her blackouts had occurred whilst in hospital on that occasion and a skull X-ray showed a right parietal calcified mass but no further action was taken.

Since the cholecystectomy she had been depressed and apathetic, withdrawing from her many social interests. There had been insomnia and weight loss of 4.5 kg. She could recall in detail the shoplifting episode but could offer no explanation for her actions. The items she had stolen were not those which she normally purchased, and she had ample money in her purse to pay for them. Although failing to declare the goods at the check-out, she made no elaborate attempts to conceal them. It was her first offence of any description.

Examination by a neurologist revealed only minimal abnormalities, namely some diminution of two-point



A



B

Fig. 1: Skull X-rays. A, Anterior view. B, Right lateral view.

discrimination in the left lower leg and some asymmetry of optokinetic nystagmus. Skull X-rays (Fig. 1A, B) revealed a densely calcified ovoid mass at the vertex and just to the right of the midline, measuring approximately 50 mm × 40 mm × 30 mm. The lesion was unchanged in size or density from its appearance 2 years earlier. A brain scan using ^{99m}technetium pertechnetate (Fig. 2A-C) showed increased uptake of the agent in a position corresponding to the lesion. Echoencephalography showed no shift of midline structures, and the electroencephalogram was featureless and within normal limits.

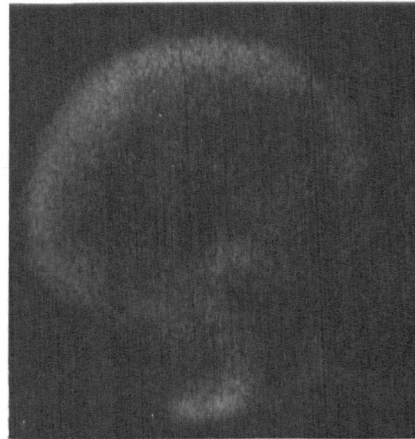
Treated with amitriptyline and supportive psychotherapy, she made an excellent recovery from her depression, and the shoplifting charge was dropped on psychiatric evidence. The blackouts were treated with

calcified haematoma or calcified abscess. The site is indeed typical of the parasagittal meningioma, but the degree of activity on the brain scan is less than would normally be expected from this lesion.

Shoplifting is recognized as an occasional feature of depressive illness and psychiatrists have stressed the need to identify such cases. In their extensive review Gibbens and Prince (1962) reported that no less than 20.8 per cent of first offenders had some psychiatric disability and they drew particular attention to the association between shoplifting



A



B



C

phenytoin symptomatically, and were reduced in frequency. Neurosurgical exploration was not recommended in view of the age of the patient and the chronic, benign nature of the lesion. At follow-up 1 year later she was very well and was continuing in her previous employment.

DISCUSSION

The relative paucity of neurological symptoms and signs, in spite of the large size of the intracranial calcified lesion, is interesting. In relation to the shoplifting, the presence of the lesion seems coincidental, although there is a remote possibility that the episode represented a psychomotor attack. Pathological intracranial calcification is associated with chronic lesions whose origins are most usually neoplastic, vascular or infective and occasionally metabolic (Sutton and Grainger, 1969). The differential diagnosis therefore includes parasagittal meningioma, dural osteoma.

Fig. 2: Brain scans. A, Posterior view. B, Right lateral view. C, Vertex view.

and depression in middle-aged female offenders. More recently Gibbens et al. (1971) remarked upon the frequency of a mixed variety of physical and mental symptoms in such women. The case described here shows many similarities to the 'typical case history' which they describe.

Psychodynamic theories of shoplifting abound and have been reviewed elsewhere (Woddis, 1957; Gibbens and Prince, 1962). Perhaps the least contentious theory is that the act represents a cry for help in a suicidal subject and the serious suicidal risk that many of these unfortunate people present has been stressed (Batchelor, 1969). There is a strong case for seeking a psychiatric opinion on all middle-aged female first offenders, for within this group there is likely to be a proportion of women with serious, yet eminently treatable, psychiatric illness.

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