Dear Editor,

Sleep-terror (ST) is manifested as emotional and behavioral disturbance during sleep. ST can have co-morbidity with other parasomnias. The viewpoint of patients has seldom been taken into account, this is important because typically a ST is described as impossible to be registered as recall, or was remembered as a blurred event.¹ We reported here a case of ST accompanied by patient’s recalled memories.

An 8-year-old female presented infection with fever > 38°C. Forty min after going to bed, she stood up and talked about illusions of animals with frightening content. She was crying, disoriented, breathing fast, with profuse sweating. Episodes repeated 1-2 times per night. Next morning she was unable to remember the event completely, and could only remember fragments of it. She

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Terror-noturno na criança evoluindo para sonambulismo na adolescência. Relato de caso com o ponto de vista do paciente

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was taken to the hospital where no clinical changes were found and was sent home treated with acetaminophen. Neurological examination, Electroencephalography and Cranial tomography were reported as normal.

Patient was born from a non-complicated pregnancy, by cesarean section due to lack of progression in delivery at 42 gestational weeks. Birth weight was 2,750g, length was 50cm, Apger score was 10 at 5min without neonatal complications. Her gross and fine-motor skills, language, and personal-social development were normal.

Two years later, getting-up during sleep and sporadic sleepwalking events were evident, the major event occurred during a vacation at the age of 13: she got up while sleeping and attempted to leave the house, later she went back to sleep. She has not experienced academic difficulties and is now attending college with excellent grades. She is now 21 years of age and has occasional brief events of sleep-talking with slurred speech.

Patient recalls her ST in childhood as illusory, vivid and frightening images of an evil rabbit and a beautiful colorful horse. When questioned, aware of the illusory nature of the event, she asked “What is wrong with me?” In the sleepwalking event, she remembered only awakening attempting to open the door.

The case demonstrates experiences of ST and sleepwalking events. Patient remembered them with partial but vivid awareness. Alterations were ruled-out by the patient's long-term follow-up with adequate neurological, psychological and academic development.

ST and sleepwalking occur during periods of slow-waves-sleep (SWS). Time in which a subject is incapable of recording memory events.2,3 However, the role of memory during sleep remains under discussion, it has been suggested that sleep does not selectively enhance illusory memories but rather, it tends to promote systems-level consolidation in the hippocampus-neocortical circuits of memories subsequently associated with accurate and illusory recollections.4 Encoding hippocampal responses were selectively greater for items accurately retrieved than for material leading to illusory memories.

Unpleasant dreamlike mentations may occur during ST/sleepwalking episodes, suggesting that complex mental activity takes place during SWS. ST/sleepwalking may thus represent acting out of the corresponding dreamlike mentation.5 The usefulness of our report lies in proposing that recall memory events during ST are possible. This asseveration requires further investigation because it challenges our knowledge of memory in SWS.

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References