SLEEPWALKING: A RARE COMPLICATION OF WET ALARM DEVICE

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ABSTRACT

Alarm devices provide safe and non-invasive management of enuretic children with no serious complications reported. We report a 10-year old enuretic boy who developed sleepwalking just after starting a treatment with an alarm device which lasted for one month and disappeared with the cessation of treatment. Sleepwalking did not recur during two years of follow-up.

Key words: enuresis, alarm device, biofeedback, complications

INTRODUCTION

Nocturnal enuresis is a common problem during childhood. Several medical treatment options including imipramine, desmopressin and oxybutynin are suggested to manage this condition. In recent years wet alarm devices have been widely used in the treatment of enuretic children. These devices act as behavioral trainers. No serious complication is reported with the use of this device. We report an enuretic child who developed sleepwalking just after the use of such a device.

CASE REPORT

A 10 year-old white boy was brought by his parents because of night wetting. Enuresis was existing for the last 5 years. His brother also suffered from enuresis until he was 14-years old. The night wetting was occurring at least once every 3 days. He had visited several other physicians and received drugs including imipramine and desmopressin previously. Physical examination, laboratory tests and urodynamic evaluation revealed no organic problem. A wet alarm device (Dri-Trainer™) was offered and he was called for control after one month. This device was attached to the underwear and waked the child up either by vibration or sound when wet. At the first month control, parents stated that the child became totally dry when using it, but developed sleepwalking, that occurred during the first 2 hours of sleep and lasted for about 15 to 30 minutes. It occurred almost every night after starting the treatment. He had no such problem before and the problem disappeared when leaving the alarm device. Sleepwalking did not recur for the following 2 years and the frequency of enuresis decreased, requiring no additional treatment, which was thought to be due to the self-confidence gained during the period with alarm device.

COMMENTS

Alarm devices, which condition the child to wake up for micturition during sleep, are widely used for the treatment of enuretic children. One of the main reasons for the preference of such a treatment modality is to avoid giving medications to small children. Successful results are reported with their use (1). Such devices are generally non-invasive and safe. To our knowledge there are no reported serious complications of their use. There is only one case report about burns from enuresis alarm apparatus (2).

Sleepwalking is one of the parasomnias, a group of disorders including night terrors, nightmares and nocturnal enuresis. The treatment of sleepwalking in children includes providing a regu-
lar sleep-wake schedule. This ensures the child to have sufficient sleep. A child with sufficient sleep would wake up when there is a need to empty the bladder. This may explain the frequent association of nocturnal enuresis with sleepwalking (3).

In the present case, sleepwalking remarkably occurred just after the treatment was started and disappeared when leaving the alarm device; therefore, we assume the case as a complication of its use.

REFERENCES


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