

Giggle Incontinence: An Interesting Case Report

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Submitted : 13 Feb 2024 ; Published : 8 Apr 2024

Citation: Al-Hajjaj, M., Alqrallah, M., Alali, M., Alwahkyan, A., & Ayyad, B., & Elshaer, R. (2024). Giggle Incontinence: An Interesting Case Report. J Medical Case Repo, 6(2):1-2. DOI : <https://doi.org/10.47485/2767-5416.1069>

Abstract

Introduction: Giggle incontinence (GI) is a socially embarrassing problem characterized by involuntary and complete bladder emptying in response to laughter.

Case Presentation: Here, we report a rare case of giggle incontinence in a 15 years old girl. Physical examination, laboratories, and imaging studies were all negative. Our patient was treated successfully with 10 mg PO methylphenidate for one year. Follow-up for more than one year showed a complete resolution of symptoms.

Discussion: To our knowledge, there is no a standard plan for treatment such case. Giggle incontinence can be difficult to recognize, as embarrassment can prevent disclosure of symptoms, and it is difficult to treat. Many reports showed a good response to methylphenidate.

Conclusion: Giggle incontinence is a rare condition which it can be seen in childhood. Methylphenidate drug is considered an option for treatment.

Keywords: Giggle incontinence, methylphenidate, case report

Introduction

Urinary incontinence in children is a heterogeneous condition in which urge incontinence and dysfunctional voiding are the predominant types [1].

Giggle incontinence (GI) is an unusual condition of involuntary total bladder emptying triggered by laughing or giggling [2].

It is mostly encountered in children aged between 5 and 7. It is more prevalent in prepubertal girls than boys, and most of the time, it spontaneously resolves at puberty [3].

Although its pathogenesis is not fully understood, it is widely accepted that laughter-induced detrusor instability has a prominent role in this neuro-urological entity [4].

Here, we report an interesting case of giggle incontinence in a girl who was treated with methylphenidate successfully.

Case Presentation

A 15-year-old girl patient presented to our urology clinic with long history of urinary incontinence. Past medical history is remarkable for otitis media treated successfully and a surgical repair of right hand fracture two years ago. A detailed history of her complains revealed unstoppable urinary incontinence when she laughs since she was 3 years old. This complains is her only urinary symptoms. She had many drugs such as anticholinergic and antimuscarinic drugs with no response. Review of other systems was unremarkable.

Physical examination showed a well-appearing girl. Blood workup, urine analysis, and renal ultrasound were negative. Urodynamic assessment was normal for bladder filling with no stress incontinence or detrusor overactivity. We started with a trial of methylphenidate drug 10 mg PO every day for one month. After that, she had a good response and she had less episodes of urinary incontinence. No side effects were noted. She was encouraged to continue taking pills for 12 months with

the same dosage. Follow-up showed a complete free of urinary incontinence. She stopped taking the drug for three months. On her last visit, she was completely continent.

Discussion

Giggle incontinence, is a relatively rare condition characterized by involuntary and typically complete bladder emptying specifically in response to giggling or laughing, with otherwise normal bladder function when the child is not laughing [5].

Although its pathogenesis is not fully understood, it is widely accepted that laughter-induced detrusor instability has a prominent role in this neuro-urological entity [3].

It appears to mostly affect early or mid-pubescent girls, and may be associated with a strong female family history of this syndrome. This condition can drastically affect quality of life due its irritating nature and due to fear of social embarrassment [5].

We had a rare case of giggle incontinence in a 15 year old girl. Physical examination, laboratory evaluation, urinary system ultrasound, and urodynamic were all negative.

As a consequence, we tried a trial of methylphenidate drug 10 mg for one month. There was a great response and nearly complete resolution of urinary symptoms. Continue drug taking for one year and stop it for two months showed complete resolution of complains.

Conclusion

Giggle incontinence is a rare condition that physicians should be aware of. Complete laboratory evaluation, ultrasound assessment, and urodynamic imaging should be performed firstly to exclude other causes of urinary incontinence. Methylphenidate is considered a safe and tolerable drug with a good response.

Consent

Written informed consent was obtained from the patient's parents for publication of this case report and accompanying images, in line with local ethical approval requirements. No other requirements were stipulated.

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