Ophelia syndrome as single association: neoplastic limbic encephalitis and Hodgkin lymphoma

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Appreciable editor:

We fully appreciate the interest in the article “Psychiatric and neurological implications in Shakespearean literature. Brief analysis”, commented in a letter to Gaceta Médica de México. Moreover, we are pleased to extend a wide recognition for the information provided in the missive, which the authors of the article acknowledge having been unaware of until before having read the letter.

It should be noted that, although the Ophelia syndrome may not be itself a contribution of the knowledge inherent to the Bard’s era, it is an example of the allegorical scope of his literary character as a prototype to evoke the typical characteristics of a disease or clinical entity lacking a name; likewise, it exemplifies how countless doctors turn to literature to refer to their discoveries or observations.

After having read a bit more about the “Ophelia syndrome”, we are pleased to delve into certain details relevant to said entity. Although the name assigned by Carr2 to the description of her daughter’s case alludes to a clinical entity associated with Hodgkin’s lymphoma, disambiguation is necessary between this syndrome and neoplastic limbic encephalitis, which corresponds to a neurological paraneoplastic syndrome suggested by Russell3 in 1961; in 70% of cases, the syndrome is associated with small cell carcinoma, although it can also be related to testicular tumors and cervical and breast cancer.4 For this reason, perhaps it is necessary to limit the use of the Shakespearean eponym only to the defined association of the aforementioned paraneoplastic syndrome with the presence of Hodgkin’s lymphoma, just as Carr did,2 and who, in the original text, as an anecdote, describes how he remembered the Danish damsel after requesting a psychiatric evaluation for her daughter Jane by his friend and family doctor.

Now, it should be mentioned that, although Carr2 suggested the presence of molecules similar to neurotransmitters produced by tumors as the cause of neurological phenomena, it was Russell, in his document “Encephalomyelitis and carcinomatous neuropathy”,3 who for the first time proposed a direct association of neurological symptoms with an immune process mediated by antibodies not yet described in those days.

Leaving the above aside, we consider it pertinent to make the following clarification: there is also the “Ophelia complex”, a term coined by French philosopher Gastón Bachelard (1884-1962) for the so-called mal d’amour, where Ofelia serves as a metaphoric figure of the materialization of emotions through suicide (“to drown in emotions”).5

References