

A CASE OF “SPACE OCCUPYING LESION–ACUTE HAEMORRHAGE IN LEFT TEMPERO PARIETAL REGION” PRESENTING AS DEPRESSIVE DISORDER :

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ABSTRACT:

Space occupying lesions presenting with psychiatric symptoms are uncommon and even less so, haemorrhagic lesions. The present case relates to a young man who presented with symptoms of depression of two weeks duration.

But his complaints of headache and vomiting prompted us to investigate him immediately for an organic cause, which enabled us to establish the diagnosis without much delay.

Key words : Etiology, depression, organic Psychosis.

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INTRODUCTION:

Among the psychiatric cases that are seen in the OPD, detection of organic psychotic disorder pose a challenge, since, if such cases are not detected and investigated in time, it will increase the mortality rate among psychiatric patients. The present case illustrates the above viewpoint.

CASE REPORT:

31 year old male, a mechanical engineer by profession, was brought to the casualty with complaints of severe headache, disturbed sleep, feelings of hopelessness, worthlessness and helplessness for a period of 2 weeks. He also had vomiting, which was non-projectile in nature for a period of 2 days. Patient was admitted in psychiatry ward as an in-patient.

Patient had attempted suicide once 7 years back due to a financial dispute. Patient also had history of alcohol consumption occasionally for the past 10 years and once daily for the past 1 month, along with history of smoking for the past 7 years.

Patient's early developmental and childhood history was uneventful. He was married consanguineously and was living with his wife and daughter. Psychogenic stressors were present in the form of conflict in the family over property and financial issues.

Mental Status Examination revealed depressed mood, along with feelings of hopelessness, worthlessness and helplessness. His orientation, memory and other cognitive functions were adequate. No hallucinations or delusions were present.

He was moderately built and nourished with mild icterus. His vitals were within normal limits. Patient was treated for his depressive symptoms and symptomatically for his headache. Since, patient's headache and vomiting did not subside, on the next day C.T.Scan was taken (see figure), which showed acute haemorrhage in left temporo parietal region with sub-arachnoid extension. The E.E.G was

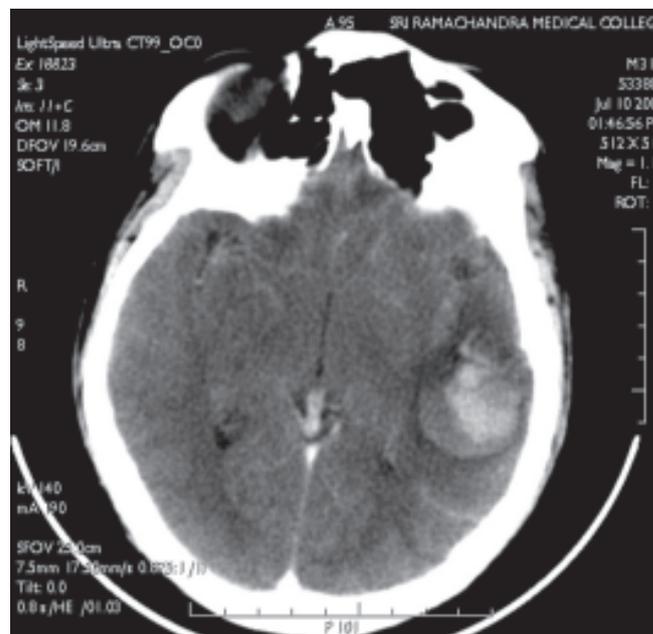


Figure : C.T. Scan - Brain : Acute haemorrhage in left temporo parietal region with sub-arachnoid extension.

normal. Patient was referred to neurosurgeon, who had advised anti-edema measures. Since, no surgical intervention was done, patient was later transferred to department of neurology. MRI Brain was done, which showed left sigmoid and transverse sinus thrombosis. Patient was treated conservatively for cortical venous thrombosis with inj. low molecular weight heparin along with tablet acitrom.

After about two weeks of treatment, patient's headache subsided completely and his symptoms improved significantly.

DISCUSSION:

Any CNS lesion can have multiple psychiatric manifestations. A report on psychiatric symptomatology among patients from the Maudsley hospital is typical: 25 out of 58 patients with cerebral tumor showed “functional” mental illness and in almost half of these physical signs were absent. Fourteen patients displayed severe depression, seven excitement and one each showed schizophrenia, an anxiety state, an obsessional disorder and hysteria ⁽¹⁾. Frontal and temporal lobe lesions show a somewhat higher frequency of mental disturbance than do lesions in the parietal or occipital lobes ⁽²⁾. Elsewhere, it was observed that mental

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symptoms are experienced at sometime during the course of illness in approximately 50 percent of patients with brain tumors. In approximately 80 percent of these patients with mental symptoms, the tumors are located in frontal or limbic brain regions, rather than in parietal or temporal regions⁽³⁾.

Noteworthy was the finding that 19 of 58 patients with cerebral tumours, who were admitted to Maudsley hospital had a clear history of stress antedating admission in the form of recent accidents, bereavement or occupational difficulties⁽¹⁾. Symptoms of psychosis usually co-exists with evidence of organic deficits but occasionally present alone as the sole aspect of the clinical picture⁽⁴⁾.

It is worthwhile to always correctly identify among the presenting symptoms those related to organic involvement and undertake relevant investigations immediately in such cases to prevent any further complications.

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