

EMOTIONAL AND BEHAVIOURAL IMPAIRMENT: THINK ABOUT STROKE



Lucia Tesolin, A. Granato, P. Caruso, T. Cattaruzza, M. Naccarato, Paolo Manganotti

Clinica Neurologica, Dipartimento di Scienze della Salute,
Azienda Ospedaliero-Universitaria "Ospedali Riuniti" di Trieste



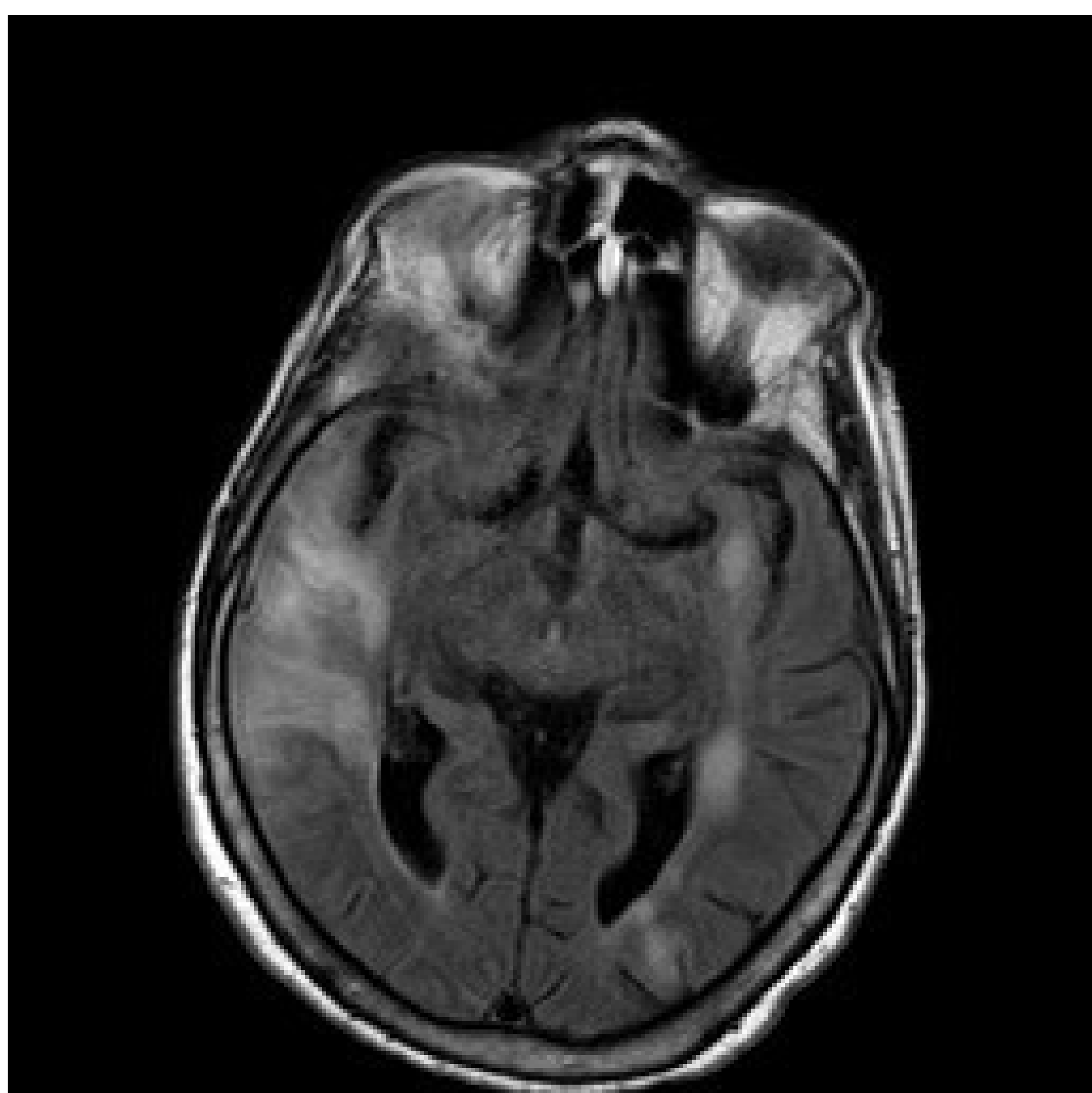
Case Report

A 85 years old woman, was admitted in ER for subacute psychomotor agitation and confusion. Brain CT scan showed subacute right basitemporale lesion and a previous left occipital one. Neurological exam showed poor spontaneous speech, mild paresis of right limbs. Meningeal signs negative. CSF: Protein 53 and 8 cells. Suspecting herpes encephalitis, we put her on acyclovir iv and Levetiracetam. Later, we stopped antibiotic treatment for negative bacterial and virology screening. EEG showed left hemisphere lesion focus. Brain MRI confirmed those ischemic lesions (plus small ones in left insula and corona radiata), so she was put on antiplatelet therapy. Ecocardiography showed spontaneous contrast in left atrium, and 9 mm atheroma of the aortic arch with thrombosis, the patient was placed in heparin anticoagulant. During hospitalization she appeared agitated, sometimes showed disillusions, affective detachment, alteration of sleep-wake cycle and opposition to food that requested placement of PEG. We tried a sedative therapy with promazine im with poor control, so we started quetiapine, but the psychological status remained unchanged. We finally shifted her on coumadin since we occasionally found atrial fibrillation during hypokalemia.

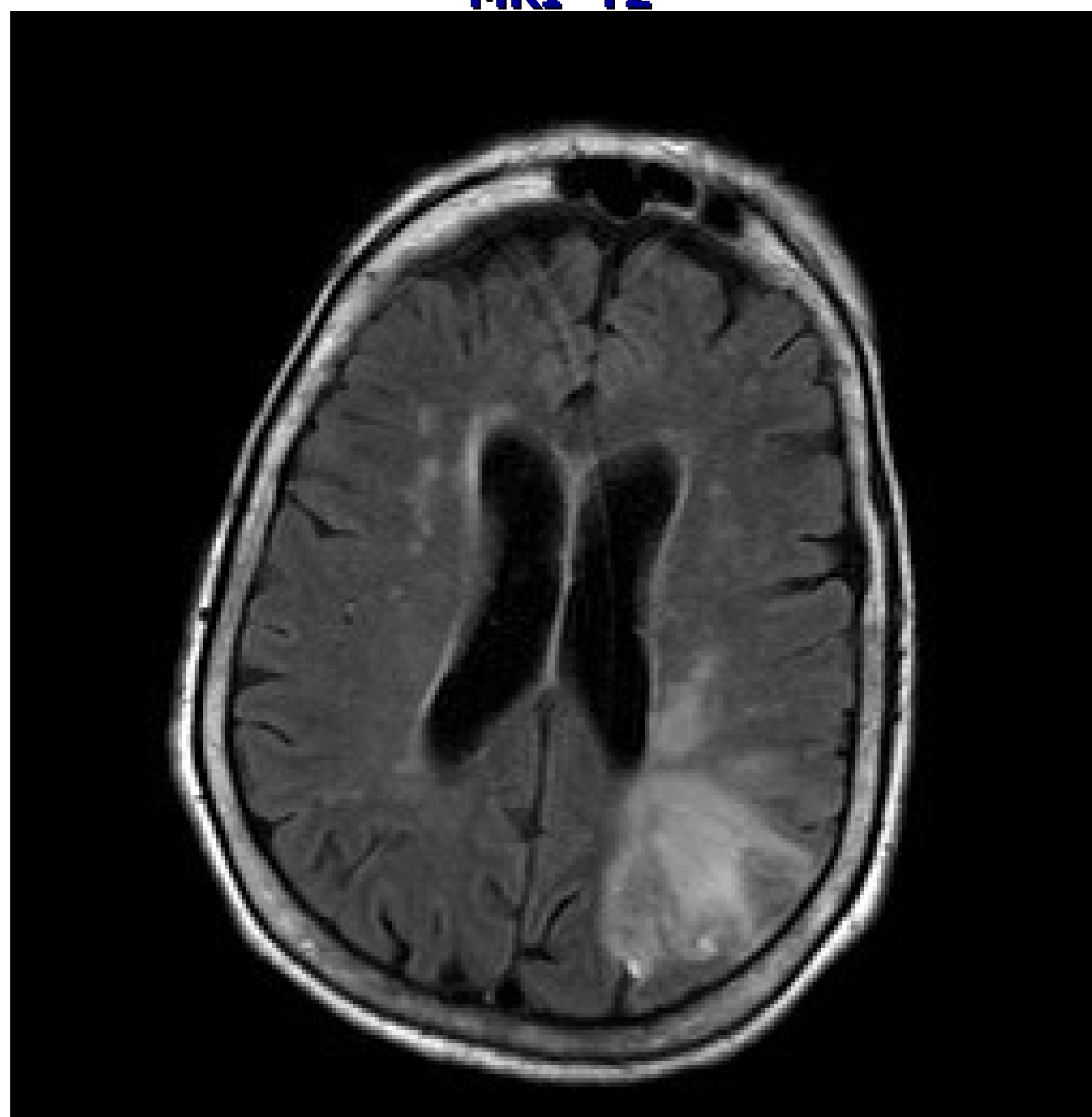
Discussion

From the beginning it was hard to classify it as stroke, because of mild motor deficit and tricky aphasia (she articulated curses correctly). A review (1) reports the effect of treatment on neuropsychiatric morbidity (antiplatelet, thrombolysis or antipsychotic agents) is almost entirely unknown. Symptoms are related to damage in right inferior frontal gyrus and white matter structures as superior longitudinal fasciculus and anterior corona radiata (2). A review reports inability to control anger is present in 32% of 145 patients with stroke. In literature there are many case reports about psychosis after stroke: they seem to be more frequent in aphasic patients. Also premorbid personality traits of high neuroticism and low agreeableness are associated with post-stroke psychosis (3). Concluding psychosis is a quite common manifestation of stroke, that is actually often unrecognized, untreated and of poor prognosis.

MRI FLAIR



MRI-T2



References

- 1- Treatment of acute ischemic stroke, Alan Anderson, *The J. of Neuropsychiatry and Clinical Neurosciences* 2005; 17:486-488
- 2- The role of the right inferior frontal gyrus in the pathogenesis of post-stroke psychosis, Michael J. Devine et al, *J. Of Neurology*, 261(3): 600-603
- 3- Premorbid personality traits are associated with post-stroke behavioral and psychological symptoms, Greenop et al., *International Psychogeriatrics*, Vol 21 /06 December 2009, 1063-1071

