

POSTER PRESENTATION

Psychotic symptoms revealing multiple sclerosis: case report

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INTRODUCTION

Multiple Sclerosis (MS) is an immune-mediated inflammatory demyelinating disease of the central nervous system that shows variable clinical presentations. Concomitant psychiatric diseases are frequent in MS, depression and anxiety disorders constituting the majority disorders. The presence of psychotic disorders in MS patients is rare and occurs in 2-3% of cases. Some studies reported that 95% of adult patients with MS experience psychiatric symptoms and up to 1% of MS has psychiatric onset. Little data has been reported on psychotic symptoms occurring during the MS course or preceding the onset of MS population. We report a case of a male adult patient with psychotic trouble as first recognized manifestation of MS.

CASE REPORT

It was a 19- years-old patient who does not have a clinical history. He was followed in the psychiatry department for a psychotic disorder for 2 years. The first clinical psychotic manifestations include

- intrapsychic hallucination
- imposed ideas
- ideas of influence and reference
- ideic and affective ambivalence.

He was treated by several neuroleptic and anxiolytic drugs without improvement.

The brain scan did not show any abnormalities.

Due to treatment resistance the patient was referred to the neurology department to complete the investigations. The neurological examination revealed only lower limbs brisk reflexes. The brain MRI revealed multifocal demyelinating lesions separated in space and analysis of Cerebral spinal fluid (CSF) showed oligoclonal bands and high IgG index. Immunological assessment for systemic diseases was negative. Patient was treated with corticosteroids, Interferon beta on which he showed a significant improvement of psychiatric symptoms



- ❖ A 19- years-old patient
- ❖ Without a clinical or psychiatric history

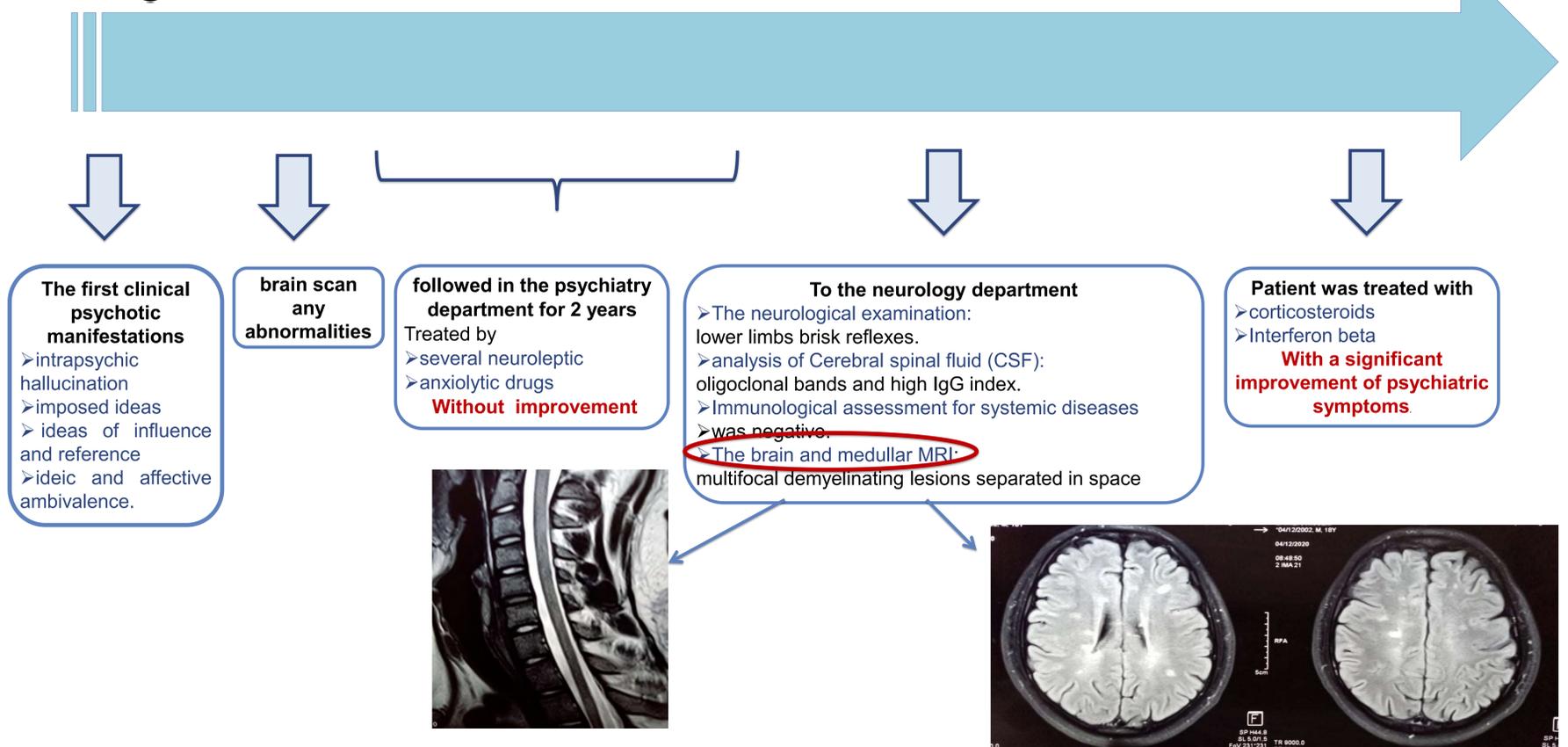


Figure 1: The timeline of the Patient

PREVIEW:

In the case of our patient, the psychotic symptoms were not well controlled by the antipsychotic medication, this treatment resistance after two years leads us to neurologically reinvestigate our patient and finally establish the diagnosis of MS. The onset of MS with isolated psychotic symptoms is rare and only a few cases describing the development of psychotic disorders at the onset of Relapsing-Remitting exist in the literature [1]. The exact percentage of individuals with psychiatric onset of MS is still unknown. In the literature, psychotic features during MS are particularly associated with left temporal lobe T2 and FLAIR hyperintense lesions [2]. However, there are some case reports of psychiatric symptoms with MRI findings showing no demyelinating lesions in the temporal lobe [1]. According to Camara-Lemarroy and colleagues [3], a link between MS and psychotic disorders has not been fully established. This was determined through a systematic review of the PubMed/MEDLINE database to identify a total of 91 cases of MS presenting with concurrent psychotic symptoms. Similarly, a study conducted by Marrie and colleagues [4], also concluded that a clear-cut epidemiologic association of MS with psychotic disorders has not been fully established. The mechanisms of action behind the psychotic symptom presentation have not been elucidated, although regional demyelination has been implicated. The literature describing cases of MS with psychosis consists mainly of isolated case reports. The present case study describing a patient with psychosis and psychiatric symptoms hypothesized to be resulting from MS will add to the growing literature on psychosis and MS.

CONCLUSION

The diagnosis of MS should be considered in patients with psychotic troubles especially if there is a lack of response to standard treatments. Some passionate discussion around this case led to questions such as whether we have the ability to identify the brain area involved in producing psychotic symptoms. There is a long way to go before answering this question, but we hope that further research will help identify how to better treat MS-related psychosis even if its origin remains unclear.

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