I CAN´T REMEMBER ANYTHING

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OBJECTIVES

In cases of Fronto-Temporal Dementia it is very important to perform a multidisciplinary approach and take into account the main difficulties that these patients present in the development of their daily lives.
We propose the follow-up and diagnostic tests performed on a patient since her admission to the Acute Psychiatric Unit until the definitive diagnosis of Fronto-Temporal Dementia.

MATERIALS AND METHODS

Review of clinical history and scientific literature.

RESULTS

56-year-old woman, married and mother of two children.
Personal history: Intestinal Inflammatory Disease type ulcerative colitis in follow-up by Digestive. Recently seen by Neurology due to Parkinsonism secondary to the taking of neuroleptics.
Psychiatric personal history: Follow-up in mental health consultations, diagnosed with histrionic personality disorder and depressive episodes.
Actual episode: Patient referred from the mental health consultations for admission to the Acute Unit since he comes to the clinic with a winter coat in the summer and maintains soliloquies. The patient shows an affective incongruence during the interview, since she says that she speaks normally but only moves her lips without emitting any sound or cries but says that she is fine. When the normal of the unit is explained to him, he suddenly gets up in the circle around the room and sits down again. He is diagnosed with a psychotic episode and proceeds to enter the acute care unit.
Evolution: The patient was pseudo-perplexed, said to have conversations with a robot and hear voices that opined about their actions. From the beginning, she was not impressed by positive psychotic symptomatology, but she was quite disorganized in her speech and in the things she did (she ate compulsively until she choked, she ate toilet paper, her needs were met on top of it ...). An attempt was made to modify the treatment, testing several drugs, but none was effective enough.
Subsequently, and due to the poor efficacy of the pharmacological treatment, it was decided to schedule treatment with Electroconvulsive Therapy. After performing the corresponding preoperative and signing the informed consent, he was given 12 sessions of TEC with progressive intensity, without appreciating improvement of the symptomatology.

An interconsultation was administered to the Digestive service, since the patient suffered from Ulcerative Colitis and also presented a clinical congruent with a decompensation of said disorder, which could also be related to the psychopathological disorganization of the patient. Different complementary tests were performed and the treatment was adjusted, achieving its stabilization from this point of view.
Given the lack of improvement from the point of view of mental and behavioral disorganization of the patient, a valuation is requested to the Neurology Service and after assessment and the performance of complementary tests (CT, MRI, EEG, lumbar puncture ...) arrives at the diagnosis of fronto-temporal dementia while waiting for SPECT to complete the study.
Diagnosis: FRONTIUM-TEMPORAL DEMENTIA
Treatment: Venlafaxine retard 75 mg at breakfast; Trazodone 100 mg before bedtime; Omeprazole 20 mg at breakfast; Ferrogradumet one tablet at breakfast; Mesalazine 500 mg 2 tablets at breakfast, 2 at lunch and 2 at dinner.

CONCLUSIONS

Fronto-temporal dementia is characterized by the presence of atrophy in the frontotemporal regions, which also present neuronal loss, gliosis and Pick neuronal bodies. The cause of the disease is unknown, although it constitutes approximately 5% of all irreversible dementias. It is more common in males and is difficult to distinguish from Alzheimer-type dementia, although its initial stages show a greater frequency of changes in personality and behavior with a relative conservation of other cognitive functions.
With psychosocial and pharmacological treatment, and possibly thanks to cerebral plasticity, the symptoms of dementia can progress slowly for a time or even regress.

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