Too severe to be functional? An unusual case of schizophrenia with catatonic, cognitive and negative symptoms.

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Background

- **Objectives:** to describe an atypical schizophrenia case.
- **Material and methods:** case report.

- **Background and aims:** Schizophrenia is a multi-dimensional disorder with numerous possible presentations, such as the one we describe herein.

Clinical Case

Identification

32 years-old male, inpatient in a Day Hospital. 12 years of formal education (frequency of architecture bachelor). Poor development of communication skills.

Psychiatric history

Age

19

Anxiety symptoms:

Insidious psychotic symptoms

Follow-up in community mental health team

Px: Olanzapine

Partial clinical response, with significant negative symptoms.

Biographical rupture. The patient didn't return to previous functioning, dropping-out from university and having no known job.

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- Catatonia + delusions + hallucinations.

Admission to inpatient ward

Px: Electroconvulsive therapy & clozapine

- Improvement of catatonic and positive symptoms.

- Residual motor symptoms. Severe cognitive and negative symptoms. Obsessive-compulsive symptoms.

- Bizarre visual symptoms:

- Aura-like

- Visual-field splicing.

- No functional recovery.

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Admission to Day Hospital

Observation

Positive for: Psychomotor retardation, motor stereotypies, alogia and blunted affect. Negative for delusions, and hallucinations. No Kayser-Fleischer ring. Preserved insight.

Positive and Negative Syndrome Scale = 89 (Negative scale=42; General psychopathology= 38).

Personal and Social Performance Scale = 25.

Addenbrooke's Cognitive Examination-III=_88, with low score in memory and verbal fluency.

Differential

Posterior cortical atrophy: due to memory impairment and atypical visual symptoms.

Wilson's disease: due to motor symptoms, cognitive frontal impairment and psychosis.

Schizophrenia: with co-morbid obsessive-compulsive symptoms.

Complementary exams

- Serum clozapine under therapeutic range
- Recurrent folic acid deficiency.
- Normal urinary and serum cooper. Normal thyroid
- Negative results for HIV and syphilis.
- Electroencephalogram is normal.
- Magnetic resonance imaging of the brain with subtle bilateral parietal atrophy.
- Liquor biomarkers:
- F-18 Fluorodeoxyglucose Positron Emission Tomography (PET-FDG) with generalized mild reduction of FDG uptake.

Discussion and conclusions

- A wide differential diagnosis was considered concerning the present case; however none of the complementary exams findings favored an "organic" disorder as the cause for the symptoms.
- Subsequently schizophrenia is the most probable diagnosis, albeit the unusual presentation.