DIFFERENTIAL DIAGNOSIS IN DEPRESSION-ALWAYS A CHALLENGE

Suciu B., Crișan C., Micluția I.
Department of Neurosciences, Iuliu Hațieganu
University of Medicine and Pharmacy Cluj-Napoca.



INTRODUCTION:

- Numerous patients are treated for a psychiatric illness before being diagnosed with an organic disorder.
- A major mistake of this approach would be not to consider a possible underlying somatic illness.

OBJECTIVES:

☐ A case-presentation that describes an unusual clinical picture for an adrenal gland tumor.

METHODS:

- ☐ A 37-year-old male, diagnosed with an organic mood disorder (according to ICD-10 and DSM-V) and myocardial infarction in the previous year presented for admission in a psychiatric hospital.
- □ Depressive symptoms were characterized by: motor restlessness, depressed mood, diminished motivation, fatigue, inappropriate guilt, myalgia, insomnia and suicidal passive thoughts.
- ☐ The clinical picture also included a Cushing syndrome, with secondary hyperglycemia, newly diagnosed for which an abdominal CT scan with contrast was made.
- ☐ The examination identified a tumor in the left adrenal gland with possible secondary metastases in the liver and lungs and also with an incomplete inferior vena cava thrombosis.

RESULTS:

- > At Beck short version the results were 28 (severe depression), and at Hamilton 17 items Scale they were 26.
- Cortisol level was 5 times higher than normal (2443,8 nmol/L) and a treatment resistant hypokalemia (2,86 mmol/L) developed.
- > The psychiatric treatment administered consisted in antidepressants (Sertraline 50mg) and benzodiazepines.
- > Considering that the clinical picture didn't improve, the patient was transferred to an oncological hospital where he died.
- > As a particular aspect, we highlight that the dominant complaints were the mood symptoms that appeared first, without any pain, weight loss or other typical symptoms that are associated with cancer.

CONCLUSIONS:

- □ Studies show consequences of the hypersecretion of glucocorticoids that lead to malfunctioning of noradrenergic and serotonergic neurotransmission in the brain, changes which are reflected in the major symptoms of depression.
- ☐ In the future, clinical research should improve the understanding of interactions between affective disorders and endocrine diseases.