Post cerebrovascular stroke catatonic psychosis

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Introduction

Catatonia due to cerebrovascular stroke is a rare condition that needs further observation and research. Many questions remain, concerning post cerebrovascular psychosis. It is the time to review the opinions of psychotic disorders experts worldwide as to this issue based on evidence and clinical experience – and to consider strategies for future investigations. The need for new approaches that act effectively as to rapid diagnosis and proper management explains the interest in this case.

Case Report

We would like to report a 64 years old lady who, with no apparent stressor, started to prefer sitting alone most of the time in her room and talked less than her usual for the last 15 days. 5 days ago, the family noticed that she was talking to non-existing people. . She told her family that she heard an angel who asked her not to eat and she started refusing food in response to that. Also, patient was convinced that her family wanted to harm her. She became easily provoked also physically and verbally aggressive. Her speech became non-comprehensible and the family wasn't able to understand her. They sought psychiatric advice.

Patient had no past history of psychotic symptoms and family history of a nephew who is known to have schizophrenia and a father who has vascular dementia.

On examination, the general appearance was of poor grooming and there was catatonic mutism, negativism and waxy flexibility. Neurological examination showed left extensor planter response and brisk deep tendon reflexes on the left side.

Her laboratory findings showed: blood urea nitrogen: 156 mmol/dl, Creatinine: 1.6mmol/dl. MRI Brain showed small vessel disease, Right basal ganglia acute ischemic infarction. Echocardiography showed Mild dilated RT ventricle with normal RV function.

On IV midazolam 7.5 mg, patient's mutism, negativism and waxy flexibility improved.

She de-saturated during recovery from anesthesia of her 1st brain synchronization session. D dimer was positive. Lower limb Venous Duplex revealed acute right popliteal and left soleal veins thrombosis. CT angiography showed Bilateral pulmonary embolism with no pulmonary infarction.

Discussion

- Three to six months following stroke, half patients presented with one or more neuropsychiatric manifestations, the most common are mood disturbances followed by behavioral problems, psychosis and euphoria.
- A cumulative incidence rate is 6.7% for psychosis in people without prior psychiatric disorder during the 12 years after first stroke (1.11 per 1000 person-years).
- The most common psychosis was **delusional disorder**, followed by schizophrenia-like psychosis and mood disorder with psychotic features.
- Lesions were typically **right hemisphere**, particularly frontal, temporal and parietal regions, and the right **caudate** nucleus.
- Time to onset from point of acute stroke admission reported an average onset of 2 days (range 1–3 days) with brief duration (mean 13.1 days, range 5 days–1 month).
- The most common outcome was complete resolution of psychotic symptoms, which was reported in (17%) of patients. Partial resolution was reported in (10.2%) of patients, and no improvement was reported in (3.8%) of patients.
- Time to complete resolution was reported in 24 studies and included (15.2%) of patients. The average time to complete resolution was 3.5 months.
- Among post-stroke psychosis patients with a previous psychiatric history, alcohol misuse and depression were the most common, reported in (2.7%) of patients and (2.3%) of patients, respectively. Additionally, anxiety disorder, schizophrenia and learning disability were reported. Other risk factors reported included medical and lifestyle risk factors reported in 48 studies (including 50.8% of patients).
- The most common medical risk factor was hypertension (27.3 % of patients), followed by hyper-lipidaemia (13.6% of patients) and diabetes mellitus (12.9% of patients).

Conclusion

Early diagnosis and intervention improves outcome if psychiatric teams gives attention and has enough awareness with warning symptoms and prompt necessary interventions.