Mood disorder with psychotic symptoms and overlooked skin lesions: the strange case of Mrs. O

Disturbo dell'umore con sintomi psicotici e lesioni cutanee trascurate: lo strano caso della signora O

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SUMMARY. Here we report the case of Mrs. O., a 57 years-old woman presenting with mood disorder with psychotic symptoms developing strange skin lesions, ultimately leading to the suspected diagnosis of varicella-zoster encephalitis. The later appearance of a post-infectious acute inflammatory demyelinating polyradiculoneuropathy further confirmed the suspect. This case stresses the importance for not discarding a priori neurological diagnoses when facing with psychiatric patients, especially when atypical details are present.

KEY WORDS: encephalitis, varicella-zoster virus, differential diagnosis, psychiatric onset.

RIASSUNTO. Riportiamo qui il caso della signora O., una paziente di 57 anni giunta alla nostra attenzione per un disturbo dell'umore associato a sintomi psicotici e strane lesioni cutanee, la cui interpretazione ha poi portato a formulare il sospetto di encefalite da virus varicella-zoster. La successiva comparsa di una poliradicolonevrite demielinizzante infiammatoria acuta post-infettiva ha ulteriormente rafforzato tale sospetto. Questo caso sottolinea l’importanza di non scartare a priori diagnosi neurologiche quando si affrontano pazienti psichiatrici e specialmente nel caso in cui siano presenti dettagli di atipicità.

PAROLE CHIAVE: encefalite, virus varicella-zoster, diagnosi differenziale, esordio psichiatrico.

CASE REPORT

Mrs. O. is a 57-year-old woman holding a university degree and mother of two sons; she works as manager’s secretary and her past medical history is unremarkable for either psychiatric or any other type of disease. She came to the ER accompanied by her husband because of few days of a sudden and severe depressive symptomatology including thoughts of death and refusal of food and beverages; the family connected this behavior to a very important emotional stress period caused by work-related problems and by a conflicting relationship with her daughter. Her thoughts appeared sometimes delusional centered on ruin ideas and other depressive themes. Moreover, sometimes she presented very short episodes of confusion during which she displayed depersonalization, identification of herself with her mother, recalling specific biographical details and showing short moments of spatial and temporal disorientation. These latter moments presented unexpectedly, giving the impression of a discontinuous process, within a general frame of mood dysfunction with good enough orientation competences, both in time and space. She was hospitalized in the psychiatric ward and underwent to blood routine tests, neurological examination and a brain MR scan, without showing any significant abnormality. Notably, she presented a maculopapular rash following a T5-T6 dermatomal distribution on the right side of the trunk, later becoming vesicular and that was compatible with
myelinating polyradiculoneuropathy (AIDP) was formulated. A further LP did not show a clear pattern of albumino-cytological dissociation (16 cells/µl, proteins 65 mg/100 ml, normal glucose) and oligoclonal bands were present in the CSF but not in the corresponding plasma sample. The EMG was compatible with an axonal involvement. The patient received a course of IV Ig and was started on gabapentin. Due to the plasma increase of the neoplastic marker CA19.9, a total-body $^{18}$F-FDG PET scan was performed searching for malignancies, documenting a focal area of increased cap-
tation at the transverse colon level subsequently demonstrated to be an adenoma at the colonoscopy follow-

A week later Mrs. O. was brought again to the ER by her family since she presented a mixed episode also in this case with psychotic symptoms, as she tried to obtain from her bank an important amount of money that she believed was due to her by the Italian Minis-
ter of Treasury as compensation for a work tort. In this case her thoughts were characterized by persecu-
tion ideas; her mood cycled within the same day from depression to mania without any insight of disease. Flu-
oxamine was stopped and Mrs. O. was started on haloperidol up to 8 mg/die, gradually tapered off. An attempt of associating carbamazepine 150 mg b.i.d. was initially made, although the drug was subsequent-
ly discontinued. During this second period of hospital-
ization, Mrs. O. presented persistent mild fever, and more evident brief moments of spatio-temporal disori-
entation were noted accompanied by psychomotor slowing. The impression of an underlying process was further confirmed and a neurological consultation was asked again. A brain MR scan showed now two frontal white matter lacunae, while the EEG showed generalized electric dysfunction with a slowed rhythm in the delta-theta range in absence of epilepticiform abnormal-
ities. A lumbar puncture (LP) was then performed, documenting: 100 cells/µl (mainly mononuclear cells), proteins 57 mg/100 ml (normal values: 15-45), glucose within normal values. CSF cultures were negative and samples were sent for PCR research on viral antigens: Epstein-Barr virus, cytomegalovirus, enteroviruses, herpes simplex virus type 1 and 2, and varicella-zoster virus (VZV). Suspecting viral encephalitis, the patient was admitted in the neurological department and started on IV acyclovir 10 mg/kg t.i.d., demonstrating an initial improvement on psychiatric symptoms. The follow-up brain MR scan (one month since onset of the first psychotic episode) was normal and the LP documented: 9 cells/µl, proteins 63 mg/100 ml, and normal glucose. The patient started physiotherapy but dis-
tal lower limb paresthesias subacutely appeared, fol-
lowed by increasingly worsening ascending limb are-
flexic hypostenia. A suspect of acute inflammatory de-

DISCUSSION

Viral encephalitides often present with psychiatric symptoms including psychosis and mania (1,2); only rarely the presenting picture might represent a chal-

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