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RESEARCH ARTICLE

NEUROCYSTICERCOSIS PRESENTING WITH ACUTE AND TRANSIENT PSYCHOTIC DISORDER: A CASE REPORT

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ABSTRACT

Neurocysticercosis is the most common parasitic infection of the central nervous system caused by ingestion of eggs of *Taenia solium*, the pork tapeworm. NCC presenting with psychiatric manifestation is not uncommon and often causes diagnostic confusion. Seizure is the most common presentation of the disease but it may present with features of raised ICP such as headache or even neuropsychiatric disorders such as psychosis. We present a case report in which a patient of NCC presented initially with symptoms of acute and transient psychotic disorder followed by partial seizures.

Key Words:

Neurocysticercosis, Acute and Transient Psychotic Disorder, Partial Seizures.

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INTRODUCTION

Neurocysticercosis (NCC) is the most common parasitic infection of the central nervous system caused by ingestion of eggs of *Taenia solium*, the pork tapeworm. NCC presenting with psychiatric manifestation is not uncommon and often causes diagnostic confusion (Patel et al., 2006). Seizure is the most common presentation of the disease but it may present with features of raised intracranial pressure (ICP) such as headache or even neuropsychiatric disorders such as psychosis (Forlenze, 2002). We present a case report in which a patient of NCC presented initially with symptoms of acute and transient psychotic disorder followed by partial seizures.

Case description: A 22-year-old male unmarried educated up to class 10, from rural background presented to the Psychiatry OPD with his mother having complaints of reduced sleep, suspiciousness towards family members and hearing voices which were transient in nature for last 2 days. There was no history of trauma, any fever and substance use. The patient attended wedding of his maternal uncle few days back.

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General physical examination was normal and there was no abnormality in neurological examination. On mental status examination, affect was irritable. He had ideas of persecution with transient auditory hallucinations. Routine blood tests, Liver function tests, Kidney function tests and serum electrolytes were within normal range. He was given INJ. LORAZEPAM 4 mg I/M and subsequently admitted. He was started on TAB RISPERIDONE 2 mg 1 HS and TAB LORAZEPAM 1 mg 1-x-2. On next day, the patient's irritability subsided. Auditory hallucination stopped with current medication.

The patient remained well for next few days and discharge was planned. On the day prior to discharge the patient developed twitching movements involving the right side of face. There was no loss of consciousness. Routine blood investigations and serum electrolytes were repeated. An MRI Scan revealed two discrete ring enhancing lesions with peri-lesional edema in the left temporal lobe. The patient was given i/v sodium valproate 1 g in Normal Saline. He was started on TAB SODIUM VALPROATE 500 mg 1 BD. Following treatment with anti-epileptics the patient had no seizures and antipsychotics and benzodiazepines were

tapered off in subsequent OPD visits while anti-epileptics continued

DISCUSSION

Neurocysticercosis is a pleomorphic disease whose manifestations vary with the number, size and topography of the lesion and the intensity of the immune response of host to parasite. Epilepsy is the most common presentation and occurs in 50-80% of patients. Clinical manifestations in order of decreasing frequency are seizures (80%), headache (40%), visual changes (20%), confusion (15%), ataxia (6%), psychosis (5%) and in minority, cranial nerve palsies or other focal neurological manifestations (Garcia, 2003). Our patient presented with psychotic symptoms initially which resolved with medication. There have been case reports where the patient of neurocysticercosis presented with psychiatric manifestations (Mahajan, 2004; Chakraborty, 2014). In our case the patient had transient auditory hallucinations which can be attributed to the lesions in the left temporal lobe. There was complete recovery in the psychiatric symptoms following medication. The patient developed seizures and he was started on anti-epileptics. It is important to keep the diagnosis open and neurocysticercosis can be considered as differential diagnosis of abrupt onset psychosis.

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