Neuropsychiatric manifestations of Neurological conditions

Dr. Ahmed Rasheed Senior Consultant in Neurology IGMH





Case 1

74 years man with underlying hypertension, Dyslipidemia and COPD.

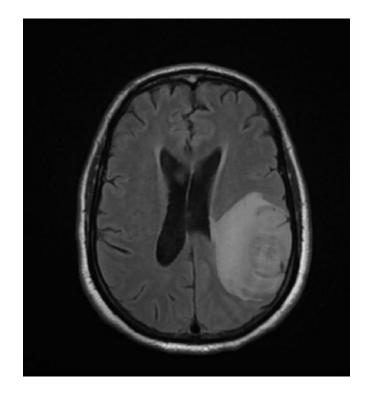
According to patient's wife at around 11 am patient started laughing. Upon asking why he was laughing patient tried to explain something but was unable to not explain. Soon after that he got a call and he was unable to talk and was stuttering. He also had altered behavior during this time, did not button his shirt or put on slippers when he went to Friday Prayer. After returning from Friday prayer patient was disoriented and roaming in the house with occasional laughter.



Case 1

He was referred from Island – while in ER he had a seizure

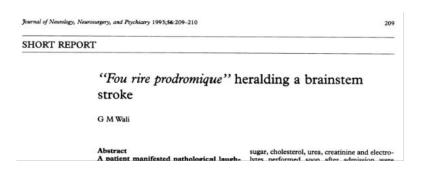


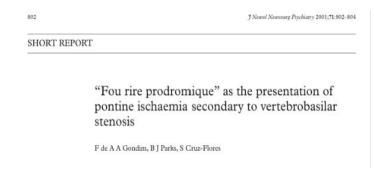




Fou rire prodromique Syndrome

- "Fou rire prodromique" (translated as "prodrome of crazy laughter") is one of pathological laughter forms and was first described by Féré in 1903.
- It is defined as pathological laughter preceding a major apopletic event.
- Its mechanisms are still not fully understood.





Fou Rire Prodromique Heralding a Left Internal Carotid Artery Occlusion

C. Carel, J. F. Albucher, C. Manelfe, B. Guiraud-Chaumeil and F. Chollet

Originally published 1 Oct 1997 | https://doi.org/10.1161/01.STR.28.10.2081 | Stroke. 1997;28:2081–2083



Fou rire prodromique Syndrome

- A **pathological laughter** without any feeling of joy but, on the contrary, an unpleasant feeling of anxiety.
- It is defined as a transient, non-epileptic manifestation heralding a neurological event, more often isolated, lasting from a few seconds to several minutes. Neurological manifestations appear secondarily with or without a free time interval. This delay can fluctuate from a few minutes to several days according to Féré's description.
- Physiopathology of prodromal laughing remain unclear and could result from a sudden lesion in the cerebropontocerebellar pathways with loss of voluntary control mechanisms of the brainstem facio-respiratory centres.

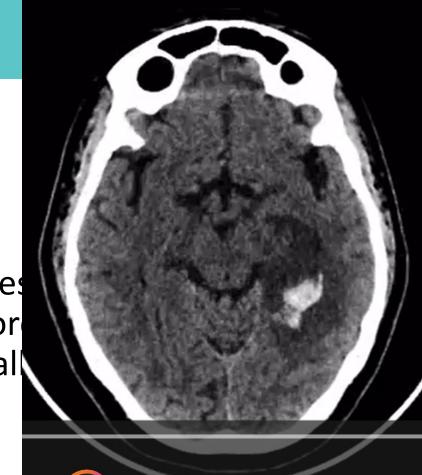


Case 2

52 years old lady presents with right sided weakness diagnosed as Left PCA infarction and treated accor She also had some degree of aphasic – not very tall hospital stay.

Left handed.

On 1 Month F/U she complains that her right leg is dead and rotting / she can feel worms moving around her leg - but she didn't seem very bothered with it.





Cotard Syndrome

- Capgras Patient is convinced that impostors, counterparts, aliens, or robots have replaced one or several intimate persons and feel in danger – Right parietal Stroke / lesions
- Cotard syndrome delusion of self or part of self dead or dying
- Patient feels the smell of her own decomposition



Psychiatric symptoms following stroke

- Strokes involves in most instances, defined vascular territories and psychiatric signs generally emerge in association with specific cognitive deficits.
- A pure psychiatric condition (without other neurological signs) following stroke is an extremely rare event.
- Psychiatric changes may be also subtle, fluctuating in time or manifesting in specific social contexts.
- The experience and the expression of emotion may dissociate.



Psychiatric symptoms in stroke

Stroke related adult neuropsychiatric syndromes can be classified according to four axes:

- Behavior or personality disorders
- Disorders of the perception identification of the self, other people, places, and time
- Cognitive disintegration (acute confusional state)
- Affective or mood disorders



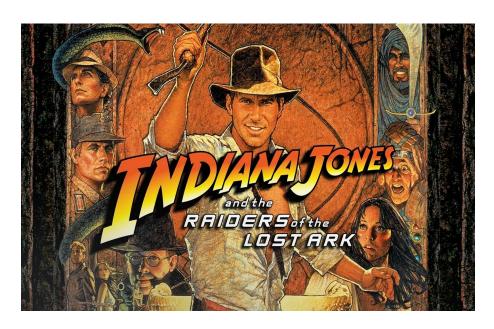
Other Signs and Syndromes

- Athymormia
- Dysprosody
- Kluver Bucy syndrome
- Pathological laughing and crying (PLC)
- Reduplicative paramnesia
- Fregoli syndrome
- Intermetamorphosis
- Peduncular hallucinosis
- Behavioural and psychiatric symptoms of Thalamic lesions
- Anton Babinski Syndrome
- Baliant Holmes syndrome
- Dide Botcazo Syndrome
- Autoscopy



Pure Psychiatric symptoms in Neurological disease is rare

Please don't become a seeker of rare things







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Thank you For your attention