Psychotic Features as Initial Presentation of Intracranial Epidermoid of Suprasellar Origin

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Abstract:

Intracranial epidermoids are rare congenital lesions which account for around 1% of all intracranial tumors. They present most commonly in cerebello-pontine angle followed by suprasellar region, along with different intracranial areas. The most common presentation includes headache, cranial nerve deficits, seizures, raised intracranial pressure. It is extremely uncommon for epidermoid tumors to present with psychiatric symptoms. We present a case of 38 year old female with history of psychosis for 2 years with personality change, disorganised behavior and delusions. An episode of increased sedation and semi-consciousness led to neuroimaging which revealed a large epidermoid tumor of suprasellar region and interpeduncular region. Surgical resection of the epidermoid was done and patient was maintained on drug treatment.

Keywords: Epidermoid tumour, Psychosis

Introduction:

Intracranial epidermoid are benign tumors accounting for less than 1% of brain tumors. Commonly these tumors are located at the parasellar or cerebellopontine angle region. These tumors can also be found in posterior fossa, quadrigeminal cistern, brain stem, temporal lobe, and supratentorial dorsal cistern.¹ Tumor commonly presents with symptoms like headache, seizure, nausea, tinnitus etc. As they grow it leads to symptoms of mass effect and cranial nerve involvement.² Resection of the tumor is the treatment of choice. Complete surgical removal helps in maintaining the integrity of cerebrospinal fluid pathways.³

Case History:

A 38-year-old female presented in a semi-conscious state to the Out Patient Department (OPD). On further exploration of history revealed an illness of 2-year duration. She would complain

of severe headache which made it difficult for her to comb hair. She would be irritable most of the time and start yelling at the family members on asking her to do the daily chores like cooking and taking care of her children. Gradually, her condition further deteriorated and she would not maintain personal hygiene and wander out in the village. Her eating habits were altered and she would fill her plate with excessive food and throw it away after consuming 4-5 bites. She would do this multiple times in a day. All these symptoms continued for more than a year. She was taken for faith healing once or twice by the family members. For the last 1 year she developed suspiciousness towards family members and would try to listen in to their conversations. She started exhibiting odd behavior like stealing things from the neighbors and her own house and throw it away. She would also bring garbage inside the house and scatter it around. She was taken to multiple psychiatrists

who prescribed her an array of medicines involving antipsychotics, antidepressants and sedatives. For the last 2 months her condition worsened as she showed no emotions towards her children and the family members. She would spend most of the day sleeping and would also not eat anything. They took her to the hospital where she was prescribed Tab. Clozapine 12.5 mg HS, Tab. Escitalopram 10 mg HS, Tab. Dothiepin 25 mg

BD, Tab. Clonazepam 0.50 mg HS which led to sedation with no improvement in other symptoms. She was also given depot Inj. Flupentixol 20 mg I/M. After few days she became dull, drowsy, disoriented and was in a semiconscious state most of the time which brought her to the OPD. There was no history of any seizure and substance intoxication

INVESTIGATIONS:

Neuroimaging revealed a lesion (3.8 x 3.9 x 6.4 cm in size) in suprasellar and interpeduncular cistern extending into right middle cranial fossa and posteriorly in prepontine cistern. Patient was referred to higher centre for operation. Right fronto-parietal craniotomy was done with excision of space occupying lesion with lox duraplasty under general anaesthesia. Histopathological examination of the excised specimen confirmed preoperative diagnosis of epidermoid cyst.

Discussion:

Intracranial epidermoid tumours are the rare. These are the slow growing tumours and present in the middle young age. There are no study available for neuropsychiatric presentation of tumour. Only few case reports are available where cognitive impairment, mutism and mood disorder was the presentation. In the current case report psychotic symptoms with significant disorganized behaviour were the initial presentation. These symptoms were improved after the resection of the tumour.

On further follow up it was found that post-operative period was uneventful except for some irritability for the first 3 - 4 days but she wasn't advised any psychiatric treatment. She was discharged on antibiotics and antiepileptic medications.

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