Neurocysticercosis presenting as psychosis

A 60-year-old man developed restlessness, irritability, auditory and visual hallucinations, with disturbed sleep pattern for the past 2 months. A diagnosis of psychosis was made and he was treated with oral risperidone 4 mg/day and clonazepam 2 mg/day. However, his symptoms did not improve and for 4 days before presentation to us, he started having generalized tonic–clonic seizures. On examination, he was drowsy. There were no findings on systemic examination. A lumbar puncture was done and analysis of the cerebrospinal fluid (CSF) revealed an opening pressure of 400 mmHg with 330 white blood cells/cmm (45% lymphocytes), a protein level of 84 mg/dl and a glucose level of 43 mg/dl. Gram-stain and India ink stain of the CSF were negative. CT scan of the brain revealed multiple calcified and hypodense lesions with surrounding oedema suggestive of neurocysticercosis. He was treated with oral phenytoin, intravenous mannitol, oral prednisolone and albendazole. His antipsychotic medications were also continued. The patient regained consciousness and was seizure-free on follow-up.

Neurocysticercosis commonly presents with seizures but presentation with symptoms akin to psychosis have been rarely reported.1–4 This case highlights the importance of neuroimaging in patients with psychosis who fail to improve with antipsychotic treatment or develop additional clinical features such as seizures or altered sensorium.

REFERENCES


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