

# NEUROPSYCHIATRIC SYMPTOMS: THE IMPORTANCE OF EARLY DIFFERENTIAL DIAGNOSIS IN ORDER TO AVOID PERMANENT SEQUELARES

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## **PRESENTATION:**

G. 45 years old, bricklayer, single, was taken to the general hospital on 05/24/2022 after a probable attempt at self-extermination by falling from the 2nd floor. On clinical examination, trauma to the popliteal artery of the left lower limb (MIE) and instability of the posterolateral left knee were observed, with surgical correction being indicated by the vascular surgery and orthopedics teams. When collecting an objective history from a family member, it was revealed that G. was previously healthy, with no history of psychiatric disorders or substance use, and that seven days ago he began to present disorganized behavior and speech, increased psychomotricity, insomnia and mystical-religious delusions. During hospitalization, the patient developed reduced level of consciousness, compartment syndrome in MIE, oliguric acute kidney injury, metabolic acidosis, hyperkalemia and distributive shock, requiring support in the intensive care unit and amputation of the MIE on 05/31/2022. Given the persistence of delusional and accelerated thinking, it was decided to prescribe an antipsychotic and, as it was the first psychotic episode, investigation was carried out with magnetic resonance imaging (MRI) of the brain and laboratory tests. On MRI, the presence of hypersignal on flair and T2 was observed in the frontobasal region (> on the L), temporal (> on the R) and insula (> on the E) bilaterally. In the CSF: glucose 76 mg/dL, protein 45.4 mg/dL, chloride 813 mEq/L, leukocytes 0.6, ADA 0.28 U/L, VDRL non-reactive. With the correlation of these findings, the diagnosis of herpetic encephalitis was made and treatment with acyclovir was initiated with progressive improvement in the psychopathological condition, ruling out the hypothesis of a primary psychotic disorder.

## **DISCUSSION:**

Herpetic encephalitis is a disease with high mortality (70%)<sup>1-3</sup> that presents a classic triad of symptoms: fever, headache and behavioral changes<sup>1,3,4</sup>.

If not diagnosed and treated quickly, the prognosis is quite grim, reaching almost 100% mortality<sup>1,4</sup>. Even survivors who were treated present important sequelae, in a high proportion, as noted in some studies

It is a condition that can present clinically with significant changes in behavior, cognitive dysfunction and psychosis. Therefore, in the face of a first psychotic episode, it is important to carry out a thorough anamnesis, physical, psychological and complementary examinations in order to make an assertive diagnosis and institute appropriate treatment in order to avoid serious physical and functional sequelae.

## **FINAL COMMENTS:**

Approaching the first psychotic episode is always challenging, since several clinical conditions can present neuropsychiatric symptoms. The care team must be aware of differential diagnoses of psychiatric conditions to correctly manage patients.

## REFERENCES

1. Kennedy PGE, Chaudhuri A. Herpes simplex encephalitis: Herpes simplex virus encephalitis still has an unacceptably high mortality. *J Neurol Neurosurg Psychiatry*. 2002;73:237-8.
2. Silva GMM. Encefalites virais agudas. *Ver Prática Hospitalar*. 2005;7(40):42-7.
3. Lopes AC, Souza LJ, Paravidine PCL, Lima, GAC, Gomes MAE, Araújo PD. Encefalite herpética em paciente do sexo feminino de 48 anos previamente hígida. *Ver Soc Bras Clin Med*. 2008;6(2):79-82.
4. Fica AC, Pérez CC, Reyes PO, Gallardo SP, Calvo XP, Salinas MAS. Encefalitis herpética. Serie clínica de 15 casos confirmados por reacción de polimerasa em cadena. *Ver Chil Infect*. 2005;22(1):38-46.