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CATATONIA WITH LEFT TEMPORAL LESION ON MRI: CROSSING BORDERS

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Catatonia is a neuropsychiatric syndrome characterized by a combination of disturbed motor functioning and changes in thought, mood and vigilance. Two patterns - one consisting in catalepsy, posturing, mutism and negativism and a second consisting of echophenomenon, automatic obedience, verbigeration, and other stereotypies - have been abstracted. Catatonia has been associated with psychiatric disorders - schizophrenia and bipolar disorder for example - as well as secondary to various underlying medical conditions. It will be described a case report of a 55 years old woman with prior psychiatric history of hospitalization with an unspecified nonorganic psychosis (F29-ICD10), presenting features of catatonia - immobility with fixed posture and gaze (sometimes presenting posturing), an almost absence of spontaneous movements and speech, echophenomenon (echolalia, palilalia, coprolalia) erupting in a otherwise mute state and showing, on occasions, periods of purposelessness motor excitement and restlessness, verbigeration and screaming with a grim of terror. She was disoriented and performed poorly on the MMSE. No neurologic focal signs were disclosed other than prominent primitive reflexes. Prior to admission, her family reported a sudden mood change: she became irritable, argumentative, with delusional thought content of persecutory nature, grandiose ideas. Viral and immune-mediated encephalitis were discharged. The MRI scan showed a right temporal medial lesion (amygdala atrophy). It will be addressed the hypothetical relationship between the dramatic clinical presentation and the cerebral lesion, grounded on the scientific research regarding limbic encephalitis, catatonic symptoms and neurophysiology. It will also be underscored the clinical relevance of differentiated psychopathology of catatonia.