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A Rare Presentation of Suprasellar Craniopharyngioma Presented As Severe Depressive Episode Without Psychotic Symptoms

Dr. Jitendriya Biswal, Dr.Bhatt Vishal Prafulchandra, Dr.Nirlipta Dash
Assistant Professor I.M.S & SUM Hospital, Siksha 'O' Anusandhan Deemed to be University, Bhubaneswar, Odisha ,India
Resident Doctor I.M.S & SUM Hospital, Siksha 'O' Anusandhan Deemed to be University, Bhubaneswar, Odisha ,India
Resident Doctor I.M.S & SUM Hospital,Siksha 'O' Anusandhan Deemed to be University,Bhubaneswar, Odisha ,India

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I. INTRODUCTION:

Craniopharyngiomas are benign neoplasms that are usually suprasellar in origin. They are considered a type of pituitary tumour that can cause hyposecretion of anterior pituitary hormones or hypopituitarism. Clinically, they may cause visual and endocrine deficiencies similar to pituitary adenoma. Histopathologically, they are distinct from pituitary adenoma and are generally classified as either adamantinomatous or squamous papillary. (Tonkogony JM)Clinical presentation is variable on account of variable locations and size of tumour.It mainly symptoms include:hormonal imbalances- short stature and delayed puberty in children, decreased libido , amenorrhoea , diabetes insipidus, headache and raised intracranial pressure, visual symptoms,behavioural changes due to frontal or temporal extension.(Reyes Oliveros, F. et al (2001).

II. CASE REPORT:

A 40 years old married malefrom rural area with low socio-economic status, weighing 74 kgs and height of 172 cm,presented with complains of forgetfulness since 1 year, generalised weakness,low mood,decreased energy, decreased sleep and appetite since last 6-7 months for which heconsulted a psychiatristat a tertiary hospital. On Mental Status Examination, he had decreased Psychomotor activity, low volume speech, depressed affect. Hence, he was prescribed anti-depressants but there was only minimal improvement.CT scan headrevealed no significant abnormality. Gradually he developedstiffness of neck, difficulty in near and distancevision, episodic headache, lethargy and multiple pain complaints over 2 to 3 months. He also started forgetting recent events of his daily life. Despite being on anti-depressant his condition did not improve and his forgetfulness worsened to the limit that he was unable to recognize people. Due to further decline of bilateral vision and excessive drowsiness since past 2 months he was referred to aneurologist where he underwent detailed clinical examination and laboratory investigations. On physical examination no abnormality was detected.(ReyesOliveros2001 et al)

Laboratory Data: Routine blood investigationscame out to be normal except raised serum sodium level which was corrected. On MRI brain and pituitary, it was found that there was large supra-sellar solid cystic mass suggestive of craniopharyngioma. Further the diagnosis was confirmed by histopathologicalanalysis and the type was adamantinomatous.

Treatment Intervention:

Patient was started on Lithium 600 mg, Fluoxetine 30 mg and Olanzapine 2.5 mg since last6 months and patient discontinued medication 2 months prior to hospitalisation. After bilateral craniotomy and excision of tumour the depressive symptoms improved. On serial MSE there was no significant finding suggesting depressive illness. Thus anti-depressants were gradually tapered off.

III. DISCUSSION :

Craniopharyngiomas are relatively benign, slow-growing neoplasmsderived from epithelium from Rathke's cleft in the suprasellar regionaccounting for 2%-5% of primary brain tumours. They tend to have a bimodal distribution.Theycan have greater tumour-related morbidity than other CNStumours. Craniopharyngioma generally present withsymptoms such as vision changes, nausea and

vomiting, increase thirst and urination. (Sweet RA et al)

Atypically they have been reported presenting as intermittent explosive disorder,1 hypersexual behaviour,2 confusional syndromes and hallucinations.3 Prolactinomas have presented as acute psychosis.4However in our case, patient presented with depressive symptoms.(Constans JP et al) Despite anti-depressants, symptoms were persisting and later on MRI was done and diagnosed as a suprasellar craniopharyngioma. This report underlines the importance of behavioural disturbances can be the initial presentation of slow growing diencephalic tumours like suprasellar craniopharyngioma. (Gonzalez A et al)

IV. CONCLUSION:

Craniopharyngiomas are generally considered to be adamantinomatous or squamous papillary in origin. Recently, MRI has been used to distinguish between these two types of tumours. Sometimes it may cause disturbed cognition and behaviour changes and we shouldalways look out for organicity in this type of presentation. Early identification of emerging behavioural symptoms of slow growing organic pathology such as craniopharyngioma can help us to manage the case meticulously just similar to our case.(M., A. et al (2015).

REFERENCES

[1]. Tonkogony JM, Geller JL. Hypothalamic lesions and intermittent explosive disorder. J NeuropsyCtinNeurosci 1992; 45: 45-50.
[2]. Sweet RA. Case of craniopharyngioma in late life. J NeuropsyCEnNeurosci 1990; 2: 464-465.
[3]. Constans JP, Castresana A, Musilino A, Munari C. Craniopharyngioma in adult patients: Associated psychic symptoms. Psychology Medicale 1987; 19: 1755-1757.
[4]. Gonzalez A, Michanie C. Qozapinc for refactory psychosis. J AmerAcad Child AdolesPsychia 1992; 31: 1169-1170.
[5]. M., A. (2015). A case of Craniopharyngioma: Atypical presentation with psychiatric manifestations. In Indian Journal of Psychiatry.
[6]. Reyes Oliveros, F. (2001). Craniopharyngioma. Recurrence. Anales de La Real Academia Nacional de Medicina.