Case report

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Masquerading of an ancient schwannoma as an affective illness

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Case history

Seventy-year-old Mrs. P, presented with evidence of a treatment refractory manic episode progressing over one month duration. Being an entirely independent, hale housewife up until three years back, she had started to experience generalized tonic-clonic convulsions, with breakthrough seizures despite treatment. Over the concurrent period, her cognitive functions had declined markedly with resultant self-neglect, disorganized behaviour, and deterioration of social behaviour.

Mini mental state examination and Montreal cognitive functional assessment respectively revealed scores of 18/30 and 5/30. Neurological examination did not reveal any focal neurological deficits. Pictures above depict her non contrast computed tomography and magnetic resonance imaging brain revealing a multilocular cystic lesion over left-temporal region with mass effect and hydrocephalus and the micrograph of the resected tumour depicting an ancient schwannoma.

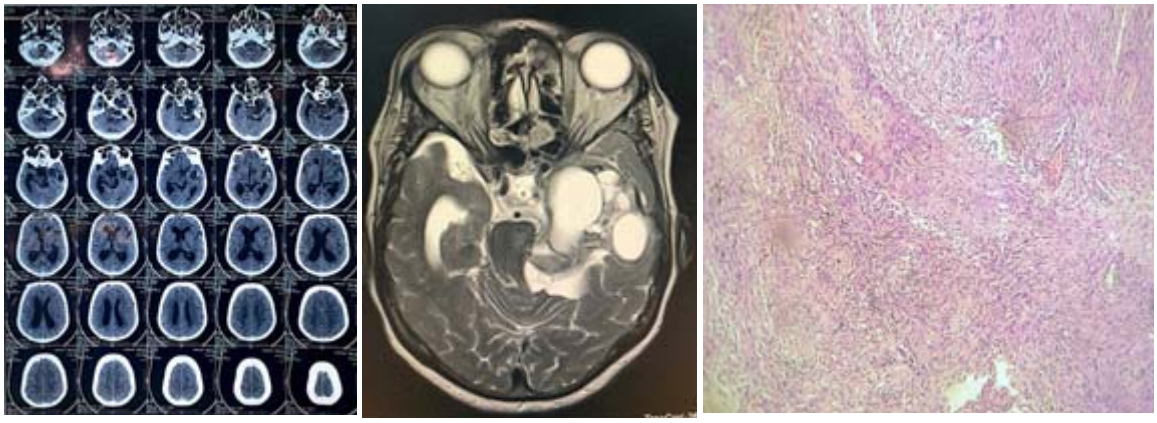
Surgery led to resolution of her manic symptoms, improvement of cognition and cessation of breakthrough seizures but post-surgical complications made her lose her life.

Discussion

Ancient schwannomas incorporate rare benign encapsulated tumours with an enduring fainéant development or Schwannomas with marked cystic necrosis which arise from Schwann cells of peripheral or cranial nerves at subcutaneous or deep tissue levels (1).

Brain tumours customarily present with neurological symptoms owing to mass effect. Though they rarely do with psychosis, mood, memory symptoms, personality or eating disorders which do not co relate with tumour type or location (12); literature on ancient schwannomas presenting with psychiatric symptoms were untraceable. Resection or debulking of such tumours lead to resolution of psychiatric symptoms but at times symptoms can persist or worsen (3).

Yet it is inarguable that earlier diagnosis improves outcome. Therefore, though brain tumours being the fundamental pathology behind psychiatric symptoms is rare opting for early neuroimaging in presence of non-conventional symptomatology, atypical age of presentation and intractable symptoms refractory to treatments can irrefutably lead to a better prognosis.



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