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RESEARCH ARTICLE

CHANGE IN PSYCHIATRIC SYMPTOMS IN A BIPOLAR PATIENT REVEALING ENDOCRANIAL EXTENSION OF A FRONTAL MUCOCELE

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Abstract

Mucoceles are benign tumors of the sinuses, caused by obstruction of the sinus ostium. They most often affect the frontal and the ethmoid sinuses.The clinical representation of mucoceles is changeable according to their sizes, their extensions, and the nature of the affected sinus. The diagnosis of a mucocele is based on computed tomography (CT) or even better magnetic resonance imaging. Despite their benign nature, they can be responsible for serious complications that can affect the visual prognosis and require urgent treatment. The clinical case describes a 52-year-old with bipolar disorder, stable under treatment for 10 years. The patient has a right frontal mucosal with intracranial extension compressing the frontal lobe, revealed by the sudden change in the patient's psychiatric manifestations. which presents a very rare and atypical entity.

Introduction:-

Sinus mucoceles are cystic cavities, lined with a non-tumorous epithelium,containing mucus(1)

From a pathophysiological point of view, blockage of the ostium of the drainage of sinus cavities leads to retention of mucous secretions, an increase in the size of the sinus and the progressive development of the cystic cavity most often with an inflammation and/or an added infection modifying the composition of retention liquid(2). mucoceles are generally observed between the fourth and seventh decades, without sexual predilection (3)Despite their benign nature, they can be responsible for serious complications that can affect the visual prognosis and require urgent treatment (4)

This clinical case report is about a frontal mucocele with intracranial extension compressing the opposite right frontal lobe discovered following a change in the clinical picture in a known bipolar patient, which presents a very rare and atypical entity

Case

A 52-year-old man with stable bipolar disorder for 10 years on Carbamazepine 200 mg and Levomepromazine 25 mg per day with good therapeutic compliance, admitted for psychomotor instability.

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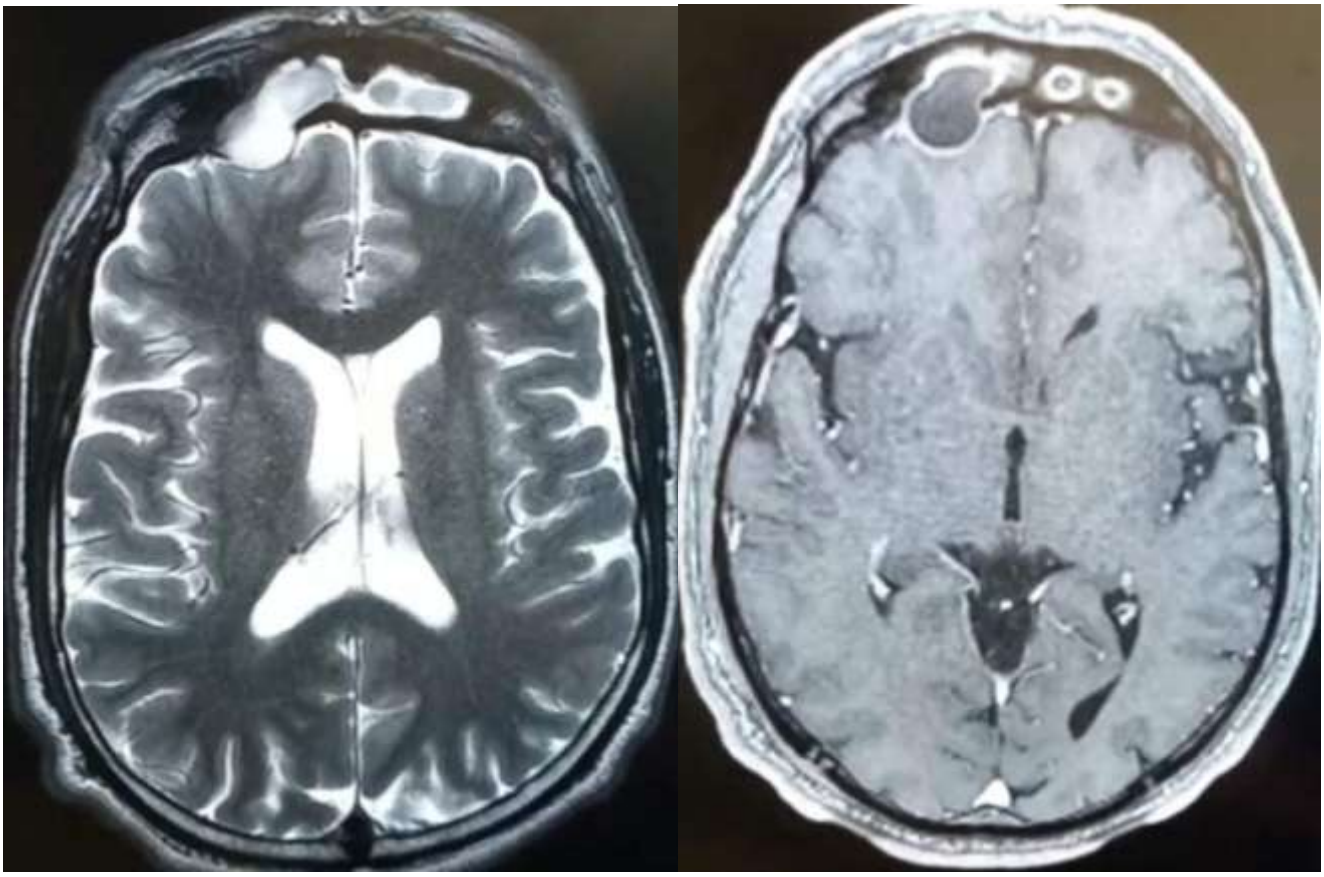
At the admission, the patient had a neutral mood, an adapted affect and a delusional syndrome (delirium of persecution towards the entourage and the authorities by intuitive and imaginative mechanism with total adherence). Moreover, on the organic level, he did not present any neurological, ophthalmological or other symptoms . Initially, he was put on Olanzapine 10 mg/day and carbamazepine 200 mg/day with a gradual dose increase up to 1g/day of carbamazepine and 20 mg/day of olanzapine without any improvement after 4 weeks of treatment.

By multiplying the interrogations and the clinical examinations, a slight disturbance of the neurocognitive performances was noticed and which was confirmed by the MoCa test. Subsequently a brain MRI scan showed the presence of a right frontal mucocele with intracranial extension, compressing the right frontal lobe and the patient was referred to the neurosurgery department for additional care.



Discussion:-

Mucoceles are usually benign. Their extension intracranial is uncommon, but it can lead to serious complications such as meningitis and abscesses cérébral.(5–7) Frontal mucoceles are the most common (65%)(8)

Patients with mucoceles can present with several symptoms, which vary depending on their location and size. The clinical manifestations of frontal mucoceles are presented by frontal headaches, facial asymmetry, impaired visual acuity. diplopia and proptosis are the most common ifIf the mucocele has invaded the orbit, (8,9)

The frontal lobe is responsible for motor coordination, judgment, planning, and damage to this level of the brain can lead to alterations in attention, mood, planning, and behavioral disturbances such as disinhibition, impulsiveness (10) the Erosion of the posterior frontal sinus into the cranium l is generally associated with a mass effect on the frontal lobe, which can lead to serious complications such as frontal lobe syndrome(11,12)

Aysegul Sarsilmaz et al in the department of radiology reported a very rare case of a giant frontal mucocele causing frontal lobe syndrome. The patient presented with diplopia, proptosis, and headache. His relatives said he exhibited a change in personality and behavior.(1,13)
Massimiliano Visocchi et al reported the case of a giant frontal mucocele complicated by subdural empyema. The patient was admitted to the neurosurgery department with a disorder of consciousness, purulent rhinorrhea signaled by a change in personality.(14)

Conclusion:-

This case describes for the first time in the literature - to our knowledge - the revelation of a frontal mucocele by the change in the psychiatric picture in a bipolar patient, which encourages the search for an organic attack in the face of any sudden change in the psychiatric symptom

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