



Initial Presentation of Atypical Psychosis Warrants Brain-imaging Studies: A Case Report



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Background

- Brain neoplastic changes can be present with psychosis or be an aggravating factor in a patient with pre-existing behavioral symptoms. Changes in patients' behaviors or personalities may be the first indicator of organic pathology within the brain parenchyma.
- Patients over the age of 50, patients with neurological symptoms, or atypical presentations of mental illness mandate neuroimaging with a CT or MRI to rule out organic pathology.

Discussion

Clinicians should be cognizant of underlying brain lesions in patients initially presenting with atypical psychosis. Evaluation of a patient with an atypical presentation of psychosis should routinely include a neuroimaging study for the possibility of a gross lesion. Psychiatric patients with brain lesions may present without neurological findings. The reversibility of psychosis in some patients with brain tumors necessitates the proper diagnosis.

Case Presentation

A 19 year-old Caucasian male with no past psychiatric history presented with bizarre behavior and confusion over the past week. The patient reported that his friend had exposed him to a "pagan ritual" that destabilized him. He admitted to auditory hallucinations related to God and Lucifer and suicidal ideations. He had some loosening of associations, but provided a cogent history. In the next few days the patient had worsening confusion and continued to have religious delusions. He began confusing the identities of people around him and could not recall conversations held within the same hour. Brain MRI revealed a non-enhancing nodular cortical white matter focus in the right anterior temporal lobe, suggesting a low-grade glioma.

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