ABSTRAKT (POSTER)

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Rasti klinik

AKROMEGALIA E PREZANTUAR ME SIMPTOMA PSIKOTIKE PA SHENJA NEUROLOGJIKE

***Referimi i rastit* : Rastet ku tumori pituitar prezantohet me shenja psikotike jane shume te rralla.**

***Objektivi:* Pershkrimi i nje rasti te rralle te akromegalise te prezantuar si crregullim psikotik,pa shenja neurologjike,tek nje djale 19 vjecar.**

***Metoda:* Nje rast klinik i vetem.**

***Rezultatet:* Ne pershkruajme rastin e nje djali 19 vjecar qe eshte me i gjate se bashkemoshataret e tij dhe gjithashtu kane filluar ti rriten duart.Ai papritur prezantohet me nje episod psikotik akut.Ai prezantohet me deluzione persekutimi,perceptime te gabuara,corganizim dhe luhatje te dukshme te sjelljes se tij.Ai manifestoi gjithashtu labilitet emocional te dukshem,luhatje te orientimit dhe simptoma psikotike ne formen e madheshtise,deluzione interpretimi.Ne te njejten kohe ai eshte pare duke folur me vete megjithese ai e mohon degjimin e zerave.Nuk kishte demtim te vetedijes Humori i tij ishte i irritueshem.Nje CT koke dhe nje MRI zbuluan nje makroadenome pituitare e shtrire ne sinusin kavernoz.Diagnoza fillestare e prolaktinomes na tregonte per akromegali.Simptomat e tij i ishin pergjigjur kombinimit te Olanzapines dhe Acidit Valproic dhe me pas rasti ju percoll neurokirurgjise per ekzaminime te metejshme.**

***Konkluzionet:* Ky rast ka nevoje per investigim,vecanerisht ne neuroimazheri,ne prezantimin atipik te psikozes e cila mund te jete manifestimi i pare i crregullimeve te rralla si akromegalia.Pavaresisht mungeses se informacionit per vleresimin e fizpatologjise, ky rast i vecante ve ne dukje rendesine e mbizoterimit te nje shkaku organik per manifestimin atipik te psikozes.**

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ABSTRACT

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Case Report

Cases where pituitary tumor is presented first with psychiatric signs are very rare.

Objective: To describe a rare case of Acromegaly presenting as psychotic disorder without neurological signs, in a 19 years old boy.

Method: Single case report.

Results: We describe the case of a19 years old boy, that was taller than his peers and had started to grow his hands. He suddenly presented with an acute psychotic episode. He presented with persecutory delusions, perceptual abnormalities, disorganization and marked fluctuation in his behavior, he showed marked emotional liability, fluctuations in orientation and psychotic symptoms in the form of grandiosity, persecutory delusions and delusional misidentifications. At times, he was seen talking to himself, although he denied hearing any voices. There was no impairment of consciousness. His mood was irritable. An urgent CT and subsequent MRI scan revealed a pituitary macro adenoma, extending into the cavernous sinus. The initial diagnosis of prolactinoma was revised to acromegaly. His symptoms responded to combination of olanzapine and valproic acid, followed by trans sphenoid resection of the adenoma.

Conclusions: This case highlights the need for investigation, especially of neuroimaging, in atypical presentations of psychosis, which may be first manifestation of rare disorders like acromegaly. Despite a lack of information regarding the path physiology, this particular case emphasizes the importance of ruling out an organic cause for atypical presentation of psychosis.

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