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Glazbene halucinacije nakon neurokirurškog liječenja cerebralne aneurizme: diferencijalnodijagnostički i terapijski izazovi

/ Musical Hallucinations After Neurosurgical Treatment of a Cerebral Aneurysm: Differential Diagnostic and Therapeutic Challenges

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Glazbene halucinacije rijedak su oblik kompleksnih auditivnih halucinacija koji se može pojaviti u sklopu neuroloških, psihičkih i senzornih poremećaja. Češće se opisuju u žena starije životne dobi te nisu nužno povezani s primarnim psihotičnim poremećajem. Njihova je etiologija često dijagnostički i terapijski izazov. Pacijentica, 71 godina, s dugogodišnjom anamnezom migrene s aurom 2020. godine hospitalizirana je na Klinici za neurologiju KBC Split zbog intenzivne ljevostrane glavobolje, retroorbitalne boli uz suzenje oka i rinoreju. Dijagnostičkom obradom utvrđena je nerupturirana aneurizma lijeve srednje moždane arterije te je učinjeno neurokirurško zbrinjavanje aneurizme klipsama. U osobnoj i obiteljskoj anamnezi nije bilo

Musical hallucinations are a rare form of complex auditory hallucinations that can occur in the context of neurological, psychiatric, and sensory disorders. They are more commonly described in older women and are not necessarily associated with a primary psychotic disorder. Their etiology is often a diagnostic and therapeutic challenge. A 71-year-old female patient with a long-standing history of migraine with aura was hospitalized in 2020 at the Department of Neurology, University Hospital of Split, due to intense left-sided headache, retro-orbital pain with tearing of the eye and rhinorrhea. Diagnostic workup revealed an unruptured aneurysm of the left middle cerebral artery, and neurosurgical clipping of the aneurysm was performed. There were no psychiatric disorders in her personal or family history. After the surgery,

psihičkih poremećaja. Nakon operacijskog zahvata razvija auditivne fenomene u obliku akoazama, a potom i perzistentnih glazbenih halucinacija. Opisuje stalne slušne halucinacije u obliku klasične glazbe, pri čemu je znakovito da je i profesionalno bila vezana uz glazbu. Pacijentica ima uvid te shvaća da se radi o fenomenu bez vanjskog zvučnog podražaja. Poslijeoperacijski oporavak protekao bez komplikacija. Kontrolni CT mozga nakon 6 mjeseci bio je uredan. U terapiju je inicijalno uveden risperidon bez kliničkog poboljšanja, potom flufenazin također bez značajnijeg učinka. Dodatkom mirtazapina postignuto je poboljšanje kvalitete sna i smanjenje smetnji usnivanja i prosnivanja. Bolesnica je i nadalje u interdisciplinarnom praćenju neurologa i psihijatra. Na posljednjem neurološkom pregledu navodi epizode „lebdenja" i osjećaj gubitka kontrole nad sobom. Ovaj prikaz slučaja dodatno podupire hipotezu o organskoj podlozi glazbenih halucinacija nakon neurokirurškog liječenja aneurizme te pokazuje da one nisu nužno manifestacija primarnog psihotičnog poremećaja. Pravodobno prepoznavanje organske etiologije može znatno utjecati na dijagnostički i terapijski pristup.

she developed auditory phenomena in the form of acousmas, followed by persistent musical hallucinations. She described constant auditory hallucinations in the form of classical music, notably having also been professionally involved with music. The patient had insight and understood that this was a phenomenon occurring without an external auditory stimulus. Postoperative recovery proceeded without complications. A follow-up brain CT scan after 6 months was normal. Risperidone was initially introduced into treatment without clinical improvement, followed by fluphenazine, also without significant effect. With the addition of mirtazapine, improvement in sleep quality and a reduction in difficulties with falling and staying asleep were achieved. The patient continues to be followed in an interdisciplinary setting by a neurologist and a psychiatrist. At her most recent neurological examination, she reported episodes of "floating" and a feeling of losing control over herself. This case report further supports the hypothesis of an organic basis for musical hallucinations after neurosurgical treatment of an aneurysm and demonstrates that they are not necessarily a manifestation of a primary psychotic disorder. Timely recognition of an organic etiology can significantly influence the diagnostic and therapeutic approach.