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Simptomi depresivnog poremećaja kao prva prezentacija malignog tumora mozga

/ *Symptoms of Depressive Disorder as the Initial Presentation of a Malignant Brain Tumor*

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Prikaz slučaja 71-godišnje bolesnice koja je inicijalno obrađena na OHBP-u zbog smetenosti i inkontinencije unatrag dva dana, te otežanog hoda unatrag tri tjedna. Prema heteropodatcima, mjesec dana prije pojave simptoma pacijetnica je doživjela dva smrtna slučaja članova obitelji. Otada se postupno sve manje kretala, dane bi provodila u krevetu. Bila je sniženog raspoloženja, obitelji se doimala zbunjeno. Laboratorijski nalazi i druge dijagnostičke pretrage (uključujući i CT mozga) bile su uredne. Upućena je na pregled neurologa, a nakon toga na pregled psihijatra. Nakon obrade je hospitalizirana na Klinici za psihijatriju, s obzirom na to da jasnih neuroloških deficita nije imala. Nakon tri tjedna liječenja psihičko i fizičko stanje ostalo je nepromijenjeno, stoga je upućena na pro-

Case report of a 71-year-old female patient who was initially evaluated at the emergency department due to confusion and incontinence for the preceding two days, and gait disturbance over the previous three weeks. According to collateral history, one month before symptom onset, the patient had experienced two deaths of close family members. Since then, she had been gradually less mobile, spending her days in bed. She was in a low mood and appeared confused to her family. Laboratory findings and other diagnostic tests (including a brain CT scan) were unremarkable. She was referred for a neurological examination and subsequently for a psychiatric evaluation. After the workup, she was hospitalized at the Clinic of Psychiatry, as there were no clear neurological deficits. After three weeks of treatment, her mental and physical condition remained unchanged,

duljeno liječenje u drugu ustanovu. Nakon dva tjedna ponovno je dovezena vozilom ZZHM-a na obradu u OHBP, sad zbog desnostrane hemipareze i poremećaja stanja svijesti. Isključena je infekcija CNS-a, a na CT-u mozga opisan je edem bijele tvari frontalno. Zaprimljena je na Kliniku za neurologiju, gdje u sljedećih mjesec dana hospitalizacije dolazi do progresije poremećaja stanja svijesti, fizikalnog i neurološkog statusa. Učinjena je biopsija mozgovine, a patohistološkim nalazom dokazan je gijalni tumor. Zbog lošeg općeg stanja bolesnice, onkološko liječenje nije bilo indicirano, te je dodijeljena šifra palijativne skrbi. Naposljetku je bolesnica otpuštena s liječenja u hospicij, gdje je ubrzo i preminula.

so she was referred for prolonged treatment to another institution. Two weeks later, she was again brought by emergency medical services to the emergency department, this time because of right-sided hemiparesis and impaired consciousness. CNS infection was ruled out, and brain CT showed frontal white matter edema. She was admitted to the Clinic of Neurology, where over the next month of hospitalization there was progression of the disorder of consciousness and of her physical and neurological status. A brain biopsy was performed, and histopathological examination confirmed a glial tumor. Due to the patient's poor general condition, oncological treatment was not indicated, and she was assigned to palliative care. Ultimately, she was discharged to a hospice, where she soon passed away.