CRANIOPHARYNGIOMA PRESENTING AS 'MANIA'—CASE REPORT

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SUMMARY

We are reporting a case of craniopharyngioma presenting with features of mania. To our knowledge, this is the first reported case of craniopharyngioma with presenting features of mania. The patient is a six years old child with history of manic behaviour of six months duration. There is no significant family history. During the course in the hospital he was found to be having craniopharyngioma. The patient recovered completely following the surgical intervention without any aid of antipsychotics.

Behavioural changes and alteration in the mental ability had been well recognised in patients with craniopharyngioma (Banna * et. al., 1973 ; Ford 1952 ; Hoff and Patterson, 1972 ; Matson, 1969 ; Milhorat, 1978 ; Pertuiset, 1975 ; Till, 1975). The commonest changes described were of personality changes in 25 percent of adults (Banna, 1973 ; Ross and Pennybecker, 1961) ; but were uncommon in children (Banna et al., 1973). To our knowledge there had been no reports of mania with craniopharyngioma in children.

CASE REPORT

A six year old male child was admitted to the child psychiatric unit with six months history of disturbed sleep, wandering tendency, excessive joculation, over talkativeness, talking irrelevantly, singing and dancing. He also had secondary enuresis of six months duration. He was diagnosed as a case of manic depressive illness, manic phase (ICD 9-296.0). The patient did not show any improvement over a period of three weeks, in addition he developed polyurea and bilateral optic atrophy. He was therefore transferred to the neurosurgical unit for investigation and evaluation. The child was born of consanguineous union (parents are second cousins) and was second among the four siblings. His growth and developments were normal. There was no family history of any psychiatric or neurological disorders.

On examination : he was a young boy, not very cooperative, easily distractable and had increased psychomotor activity. He was well oriented with normal memory, intelligence and judgement. Throughout the examination he was over talkative, singing and dancing. Central nervous system examination revealed a visual acuity of 6/60 and fundoscopy showed bilateral optic atrophy of primary type. There was minimal weakness of both lower limbs with exaggerated deep tendon jerks. The rest of the clinical examinations were normal. Investigations : (a) Routine haemogram, blood sugar, blood urea, and urine examination were within normal limits. The 24 hours urinary 17—keto-steroids was 6.5 mg and glucose tolerance test was normal. (b) Plain X-ray of skull revealed sutural diastasis and amorphous calcification in suprasellar region extending down to sella. There was evidence of destruction

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of anterior clinoid process. (c) EEG showed evidence of focal lesion in the right temporoparietal region. Hence left carotid angiogram was done which was suggestive of suprasellar space occupying lesion. Echoencephalogram showed a midline shift to right. Air ventriculogram revealed suprasellar cystic mass communicating to the ventricular system. It was extending to anterior cranial fossa. (d) Accidental puncture of the cyst during ventriculogram procedure revealed straw coloured proteinous fluid containing 7.2 gm percent of protein and cholesterol crystals in plenty. Treatment: the cystic craniopharyngioma was aspirated and ventriculoperitoneal shunt was done. Subsequently the child was sent for radiotherapy. Following surgery there was complete improvement in the mental status of the patient without any antipsychotics.

DISCUSSION

The symptoms that commonly lead to medical consultation and hospitalization in patients with craniopharyngioma are features of raised intracranial tension, visual disturbances, and disturbance of growth and development (Matson, 1969; Till, 1975). The possibility of manic symptoms is speculated to be due to hypothalamo-pituitary disturbances because of the compression, but there have been no abnormalities neither in the 24 hours urinary 17-keto steroids nor urine specific gravity and at present we do not have the facilities of detailed neuro-endocrinal investigations. Other possibility of explaining the affective symptoms could be the involvement of the right temporal lobe in this condition.

CONCLUSION

The above case report has indicated that a cystic craniopharyngioma in the fronto-temporal region can manifest as mania and the treatment of the condition causes total remission of the psychiatric symptoms. Keeping this in view it is necessary to have detailed neurological assessment in psychiatric patients.

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