ÖZET

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[PP-290] Dementia
Mannerism or choreatetoid movements: a case report

Movement disorders are often seen in psychiatric disorders. Sometimes they may be a component of any neurological disease and it should be kept in mind for differential diagnosis. In this paper we present a case with movement disorder; a 46-year-old, female patient. She has a history of anger, suspiciousness and restlessness since 6 years. In the past, she started to avoid from social occasions, to become more introvert and to believe that her house and housing stuffs has been enchanted by some magical processes 6 months ago. Any prior psychiatric admission was absent and she has been admitted to emergency service by her relatives with complaints like physical aggression toward housing stuff, keep praying and standing up or sitting down all day and belief about she is going to be killed. In her mental status examination, she was conscious with limited cooperation. She was standing up and rotating to left and right side with elevated psychomotor activity. She was answering with short annotations, her speech was dysphasic, and her affect was restricted. She was defensive. She had difficulties about goal directiveness. She hasn't described any delusion or hallucination. Her trial judgemental was complete and she was lacking insight and abstract thinking. She was periodically making arm movements like she was combing her hairs to backwards and she was dominated by a twisting/atetoid movement starting from her legs and climbing to her upper body, which makes stepshard to take for her In her family history, her father was suffering from a movement disorder and her aunt was suffering a psychiatric condition with gestural abnormalities as our patient. We consulted neurology about the probability of Huntington Disease. In her neurological examination it was noticed that abnormal movements affecting her whole body especially when starts moving herself a jerky walking difficulty to keep her tongue out of her mouth and walking on a straight line. Her deep tendon reşexes were normoactive but other examination aspects could not be evaluated due to lack of cooperation. She has been tested genetically for CAG trinucleotid repeats to assess the probability of HD diagnosis and test results approved the diagnosis. She was diagnosed to have HD and Psychosis Caused by General Medical Condition. The patient's family was also informed to be evaluated genetically for HD. Huntington's disease (HD) is an autosomal dominantly inherited, fatal neurodegenerative disorder, named for George Huntington. It is characterized by the progressive development of involuntary choreiform movements, although neuropsychiatric symptoms are sometimes the earliest and often the most devastating features of HD. A number of psychiatric disorders are prevalent in HD, often occurring before motor symptoms. Common psychiatric syndromes including depression, apathy, mania, and cognition changes in HD generally involve dysfunction in the cerebral cortex and the subcortical limbic system The purpose of this case report is to draw attention to mannerism, where the patient displaying psychotic behavior with HD can be neglected. Although the repeated a behavior accompanied by psychiatric symptoms seems to be volunteered, Huntington's disease must be thought in differential diagnosis and treatment planning.

Anahtar Kelimeler : choreoathetoid movements, huntington disease, mannerism

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