



PSYCHIATRIC MANIFESTATIONS OF TUBEROUS SCLEROSIS COMPLEX: A CASE REPORT OF PARANOID SCHIZOPHRENIA IN A 27-YEAR-OLD MALE

Psychiatry

**Dr. Mohd Fahad
Khan**

JR, MVJMC & RH.

KEYWORDS

INTRODUCTION

Tuberous sclerosis (TS) is an autosomal dominant, neurocutaneous disorder. It can have many other systemic manifestations affecting: skin, kidneys, lungs, heart and eyes. Tuberous sclerosis complex is associated with significant psychiatric comorbidities like: anxiety, depression, aggression, ADHD and disruptive behaviour. However, comorbidities like cases of psychosis, schizophrenia, auditory hallucinations, alcoholism are less frequently reported [1]. Hence this is rare case of tuberous sclerosis with psychiatric manifestation.

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CASE REPORT

A 27-year-old male presented with a five-year history of: suspiciousness toward family members, irritability, and anger outbursts. Initially, the patient was distressed about skin lesions on his face and body. His behaviour deteriorated, with frequent verbal altercations with family members, driven by the belief that his parents were intending to harm him. The patient started unfamiliar male voices threatening to kill him. He was found to be muttering to self and making gestures. Diagnosed with tuberous sclerosis in 2019, the patient had a significant family history of similar disease. Examination revealed hyperpigmented papules on his face and soft, elevated patches on his lower back. MSE revealed: delusions of persecution, third-person auditory hallucinations, impaired judgment, and mild intellectual disability (Bhatia's short battery of performance test). NCCT: angioliopoma b/kidneys and subependymal calcifications. Diagnosed with paranoid schizophrenia associated with tuberous sclerosis and started on Olanzapine, showing a 50% improvement in psychotic symptoms within three weeks



DISCUSSION:

There are several reports of association of psychosis with TS, most commonly paranoid hallucinatory type [3]. TS affects several systems of the body. Dermatological manifestations like angiofibroma, shagreen patches are recognized manifestation in adults as in this case report [2]. TS affects both patient and family physically and psychologically. Antipsychotic medication can improve the mental symptoms and stabilize the mood of individuals with TS (Chung et al)

CONCLUSION:

Psychological intervention and pharmacotherapy combined brought psychotic process under control in this case. A patient is having mild intellectual disability, cognitive enhancement training was advised. Parents were made to understand about the disease and emotional needs of the patient.

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