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## DELIRIUM AND PARKINSONIC SYNDROME IN ELDERLY

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Delirium is an acute or subacute syndrome characterized by a fluctuating global disorder of cognition, impairment of attention and awareness, disorganization of thought and speech, perceptual disturbances, hallucinations, as well as hypo or hyperactivity.

We present a case report of a 76-year-old woman who developed disorientation, lack of familiar recognition and functional impairment, three days before admission. She was admitted to a Medicine Department and submitted to several laboratory and imaging studies. During this period she presented attention, consciousness fluctuations and agitation that required several treatments, including neuroleptics. Like these symptoms were linked to an important life event that triggered reactive depression, she was transferred to a psychiatric ward. Progressively her clinical state worsened, she became permanently bedridden and was observed by Neurology. She presented moderate to severe parkinsonian signs, namely akinesia and rigidity, predominantly on her left side. Reviewing her clinical past, she had suffered these symptoms during the two years before this episode (apathy, small stepped gait, flexed posture, and left hand rest tremor). Treatment with antiparkinsonic drugs produced a dramatic improvement in the patient's mental and physical status. A I-Ioflupane-SPECT (DaTscan) confirmed striatal presynaptic dopaminergic degeneration, more on the right side, which was the proof of the presence of a degenerative parkinsonian syndrome. The present clinical case shows Delirium with degenerative Parkinsonism comorbidity, worsened by the use of neuroleptics. We emphasize the importance previously undiagnosed Parkinsonism in old age which is highlighted by usefulness of dopamine transporter imaging in this scenery.