

HALLUCINATIONS AND DELUSIONS IN A HOSPITALIZED PATIENT IN A STROKE UNIT: SEIZURES OR *DELIRIUM*?

P. Frade¹, D. Sousa², R. Galdes², C. Bentes³, T. Pinho e Melo², J. Maltez¹

¹Psychiatry Department, Santa Maria Hospital, ²Stroke Unit, Neurology Department, Santa Maria Hospital, ³Laboratory of Electroencephalography, Santa Maria Hospital, Lisbon, Portugal

Introduction: Sometimes psychotic symptoms may occur as a consequence of epileptic discharges. Complex visual hallucinations have been described in patients with occipito-temporal and anteromedial temporal epileptic activity. The potential atypical character of seizures' manifestations in elderly patients, a reduced tendency to secondary generalization, associated with the high frequency of confusional syndromes, makes the interpretation of perception and thought disturbances a challenge.

Case study: Patient 76 years, male gender, with hypertension, light alcohol consumption and without prior history of cognitive impairment. Medicated with benzodiazepines for insomnia (suspended during hospitalization). History of one episode of generalized seizure in his youth. Admitted to the stroke unit with a left occipital hematoma diagnosed after a sudden onset headache. The neurological examination was unremarkable. On the 2nd day of hospitalization initiated episodes of nocturnal restlessness, disorientation and persecutory delusions accompanied by visual and auditory hallucinations which were scenic and stereotyped. This clinical picture was initially interpreted as an acute confusional syndrome and haloperidol was administered. These episodes lasted about 20 minutes and did not respond to therapy. There was interepisodic full recovery and no other clinical or analytical abnormalities. Considering the nature of these episodes an EEG was performed, which revealed right anterior temporal intercritical epileptic activity. Therapy with neuroleptic was discontinued with resolution of symptoms.

Conclusion: We intend to point out that in cases of stereotyped hallucinations epileptic etiology should be considered as a differential diagnosis for the clinical pictures with psychotic symptoms, which are often interpreted as acute psychosis or *delirium*, especially in elderly hospitalized patients.