Results. Juvenile onset Huntington disease is rare, especially among people who are not of European ancestry. Therefore, clinicians are not likely to suspect the illness at an early stage. Late diagnosis not only can prevent patients from receiving the symptomatic treatments that they need, but it can also lead to misdiagnosis. Early referral to genetic testing is required among patients presenting with symptoms and a positive family history. However, risk of suicide is high among patients of Huntington's disease.
Conclusion. Juvenile onset Huntington disease is extremely rare. Initial symptoms of the disease could vary and can be misdiagnosed as epilepsy, mood or behavioral disorders, or schizophrenia. Genetic testing is controversial for patients below 18 years old. Having a low suspicion threshold in diagnosing patients with positive family history of HD who are presenting with such symptoms is recommended. There is no cure and treatment is symptomatic.

Exploring the Potential of Primary ECT Modulation: A Transformative Approach in Schizophrenia Treatment

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Aims. Electroconvulsive therapy (ECT) stands as a crucial intervention for severe and treatment-resistant schizophrenia. Despite being recognized as the most effective acute treatment for severe mood and psychotic disorders, its controversial nature persists due to misconceptions and a lack of familiarity among healthcare professionals regarding modern ECT techniques. This case explores the effectiveness of maintenance ECT in preventing relapse among individuals with schizophrenia, a dimension with scarce existing data.
Methods. A 28-year-old unemployed Caucasian male with treatment-resistant schizophrenia underwent multiple trials of atypical, typical, and depot antipsychotics, yielding no significant improvement in the Positive and Negative Syndrome Scale (PANSS) score. Two attempts with clozapine were hindered by neutropenia. With a baseline PANSS symptom score of 110, the patient struggled with severe auditory and visual hallucinations, preventing coherent conversations. Following 26 sessions of bilateral ECT, the PANSS scale score decreased to 65, prompting transfer to a Transitional Living Facility. After an additional 14 sessions, the patient exhibited significant symptomatic improvement, leading to discharge. The PANSS scale score, after 40 sessions, reached 50. Monthly bilateral ECT sessions and one antipsychotic medication now maintain the patient's reasonably functional lifestyle, encompassing employment, social outings, and assistance in farming with his father. ECT proved highly successful in alleviating both positive and negative symptoms, transforming the patient from severe conversational impairment to independent living and employment.
Results. Empirical data validates clozapine's efficacy for treatment-resistant schizophrenia, yet its clinical use is limited by the substantial risks of agranulocytosis and neutropenia, relegating it to a third-line option. Neutropenia's onset in our case during clozapine trials prompted a therapeutic shift to electroconvulsive therapy (ECT). Aligned with American Psychiatric Association guidelines, our case underscored ECT's superior efficacy compared with traditional antipsychotics. Acknowledging a 40% non-response rate to clozapine across diverse studies emphasizes ECT's significance as a viable alternative. Despite challenges, contemporary ECT methods promise to overcome traditional constraints, reduce stigma, and improve treatment accessibility.
Conclusion. This case underscores the potential benefits of ECT as a valuable treatment modality for individuals with treatment-resistant schizophrenia, effectively managing both positive and negative symptoms and significantly improving daily functioning. The success observed in this case suggests that monthly bilateral ECT and one antipsychotic medication can play a crucial role in enhancing the quality of life for patients with treatment-resistant schizophrenia.

From Irritability to Amnesia: Unraveling Thalamic Glioma – a Case Report

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Aims. Gliomas, encompassing astrocytomas, oligodendrogliomas, and ependymomas, constitute the majority (40–55%) of primary brain tumors. Diagnosis can be challenging due to their uncommon nature, subtle symptoms, and diverse clinical manifestations. While neurological signs are typical, psychiatric symptoms may occasionally precede them. This case report explores a 59-year-old man whose initial psychiatric symptoms, resistant to treatment, evolved into memory impairment, ultimately revealing a high-grade glioma in the thalamus.
Methods. A 59-year-old male patient presented to the psychiatric service, expressing concerns about excessive anger and aggression. His family observed his behavior as abnormal, noting uncharacteristic personality changes, particularly increased irritability. Following an outpatient psychiatric evaluation, he was diagnosed with excessive irritability. Over time, the patient's aggressive behaviors intensified, accompanied by feelings of being ignored and devalued by his family, heightened emotional sensitivity, and episodes of muteness. Despite two trials of medication (i.e., sertraline and alprazolam), there was a deterioration in adaptive functioning. Two years after the first onset, the patient experienced unfamiliarity with surroundings, forgetting place names, memories, and people's names. The patient had no family history of neurological or psychiatric illness, and there was no evidence of substance use in his past. To rule out organic causes, an MRI revealed a 17×21 mm lesion in the right thalamus and a calcified focus in the superior part of the left tentorium. Subsequent biopsy confirmed a high-grade glial tumor: anaplastic astrocytoma Grade III, with a Ki-67 index of 10%.
Results. The extended onset of memory impairment in our patient, following a 3-year history of aggressive attacks and irritation, prompts an exploration of the intricate interplay between