

A CASE OF PITUITARY ADENOMA PRESENTING WITH MANIC SYMPTOMS

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The fact that mood disorders may arise after brain lesions has been widely recognised (Babinsky, 1922; Goldstein, 1942; Ganotti, 1969). While major depressions secondary to a number of physical illnesses and drugs have been well documented, secondary manias have received scant attention and coverage. Krauthammer and Klerman (1978) and more recently Starkstein (1988) have combed the literature for instances of mania occurring secondary to physical illness and drug used. Krauthammer and Klerman's inclusion criteria for a diagnosis of secondary or symptomatic mania were a duration of at least one week, elated or irritable mood, and at least 2 of the following—hyperactivity, "push of speech", flight of ideas, grandiosity, distractability and lack of judgement. Exclusion criteria included a clear previous history of manic depressive or other affective illness and the presence of confusion. Starkstein et al. have come up with only 10 reports of mania secondary to intracerebral tumours. We wish to report one case of mania secondary to a pituitary tumour (This case fulfills the criteria laid down by Krauthammer and Klerman).

CASE REPORT

Mr. N, a 32 year old married man working as an agriculturist was brought to us by his wife and relatives with a one year history of irrelevant talk, predominantly of grandiose nature saying that his children are very bright and would become doctors, engineers, IAS officers etc., being excessively religious, showing extreme generosity in giving away money even to non-acquaintances, and

being disrespectful to elders in the community. In addition, he also had excessive consumption of food, especially sweets and excessive sleep. There was no family history of any neuro-psychiatric morbidity. There was no past history of affective disorder or any other mental illness. There was no history of headache, vomiting, blurring of vision or any symptom suggestive of a neurological lesion.

Physical examination showed a stockily built man, with a rounded face. His BP was 130/86. Examination of the CNS showed bilateral optic atrophy and visual acuity of 6/24 in both eyes. Testing of the visual fields showed asymmetric bitemporal hemianopia.

Mental state examination revealed a middle-aged man, conscious, fairly turned out and showing good rapport. His attention was easily aroused but he made many mistakes in the tests for concentration. He was well oriented to time, place and person. His immediate, recent and remote memory was unimpaired. Thought process showed mild acceleration and grandiose plans for the future. Speech was loud and there was pressure of speech. The mood was elated and insight into his illness was poor. He scored 44 on Modified Manic Rating Scale of Blackburn et al. (1977).

The patient was referred to neuro-surgery department because of the presence of neurological deficits such as optic atrophy and decreased visual acuity and the presence of bi-temporal hemi-anopia. Lateral view of the skull showed enlarged sella and erosion of the posterior clinoids. C.T. scan of the

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brain showed a large sellar hyperdense enlargement lesion with suprasellar and parasellar extension.



Fig. 1

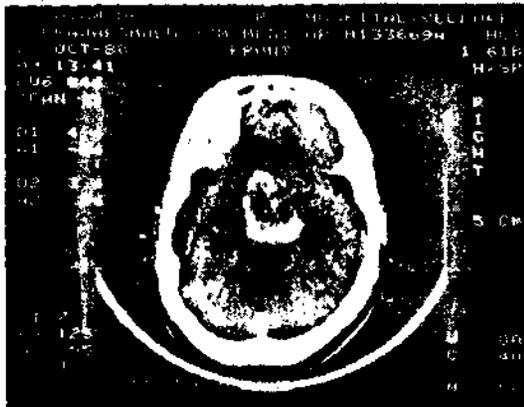


Fig. 2

His routine haemogram, sugar, creatinine were normal. Serum cortisol: 8 AM—9 $\mu\text{g}\text{m}\%$ & 1 PM—5 $\mu\text{g}\text{m}\%$; Serum Growth Hormone: 1.4 $\mu\text{g}\text{m}/\text{ml}$ (N—0-10); Serum Thyroid Function Tests T4—5.8 $\mu\text{g}\text{m}\%$ (N—5-12), FTC: 0.7 $\mu\text{g}\text{m}\%$ (N—0.2-2); Follicle stimulating hormone: less than 1.8 (N—2.2-10.0); Leutinising hormone: 1.9 (Normal 2.4—11).

Right pterional craniotomy and partial excision of pituitary tumor was done under

general anaesthesia. Post operative course was uneventful.

After the surgery and while in hospital itself, his psychiatric symptoms improved gradually. A one year follow-up of the patient showed that he was free of his presenting symptoms without any psychotropic medication and he was able to engage in regular gainful employment. His interpersonal and social functioning had reached the premorbid levels. He scored zero on the Modified Manic State Rating Scale.

DISCUSSION

This case would fit the criteria for a secondary mania. It could be argued that the symptoms of mania and the pituitary tumour were co-incidental. However, the fact that symptoms ameliorated after surgery and the patients was symptom free for a year following surgery would suggest a causal relationship.

Mania is generally assumed to be a "functional" disorder. Case of secondary mania such as this demonstrate that it can also be "organic" in origin. Mania is thus best considered a clinical syndrome of multiple aetiology—the aetiology being usually unknown, occasionally known. Mania would then be analogous to medical syndromes of multiple aetiology that are similarly divided—eg. hypertension and parkinsonism. Further research into uncovering the causes of primary mania would thus be fruitful.

REFERENCES

- Babinski, J. (1922). Reflexes de defense Brain, 45, 149-184. Quoted by Starkstein S.E.
- Blackburn, I. M.; Loudon, J. B. and Ashworth, C. M. (1977). A New Rating Scale for Measuring Mania. Psychological Medicine, 3, 453-458.
- Gabroff, G. (1969). Reaction catastrophiques et manifestations d'indifference au cours des atteintes cerebrales. Neuropsychologia, 7, 195-204. Quoted by Starkstein S. E.

