

## P-165 - A CASE OF HYDROCEPHALUS OCCLUSUS PRESENTING AS A MANIC EPISODE

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Normal Pressure Hydrocephalus (Hakim-Adams Syndrome) is a dilation of the ventricles without an increase of intracranial pressure. It corresponds to the classic triad of gait disturbance, memory/cognitive problems, and urinary incontinence. Manic and depressive symptoms can be related to hydrocephalus occlusus even in the absence of neurological symptoms. These symptoms disappear after neurosurgery or pharmacological treatment.

**Case:** A 26-year-old male, from Cabo Verde, is interviewed in the Emergency Department in June 2011 presenting disturbance of general behaviour. He is being aggressive and presents flight of ideas. The diagnosis: "Hypomanic state" treated with lorazepam 6mg/day and Olanzapine 5mg/day. August 2011, the patient is reevaluated because of his behaviour: soliloquies, laughs, expansive mood, abnormal irritability, easily excited to enthusiasm and irritable humor. He also presents psychomotor agitation associated to delusion of persecution. He has not been taking his medication. No other neurological symptoms are detected.

In Hospital he receives Risperidone 6mg/day, Clorazepate Dipotassium 45mg/day and Lormetazepam 2mg/day disappearing most of the symptoms.

A MRI was done, presenting triventricular hydrocephalus with absence of intraparenchymal damage. After monitoring the intracranial pressure, Neurosurgery decides not to perform surgery.

In the case of not responding to Risperidone, studies have been published that Aripiprazole (atypical antipsychotic with a unique partial agonistic effect at D<sub>2</sub> receptors) is effective and safe in the treatment of manic episode. Some publications about the reduction of D<sub>2</sub> receptors demonstrated that the binding of striatal was reduced in NPH.

Sometimes imaging tests are needed in patients with behavioural disturbance as manic symptoms in order to avoid misdiagnosis and it is crucial for the correct medical and surgical treatment.