

## ATYPICAL MANIFESTATION OF GLIOBLASTOMA: PRESENTATION WITH PSYCHOTIC PHENOMENA - A CASE REPORT

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### Abstract

Glioblastoma Multiforme (GBM) is the most common primary brain tumor in adults accounting for 45.2% of malignant primary brain and CNS tumors. Psychotic manifestations are not usual but rarely these can be the presenting features of brain tumors. A 63-year-old female from Noida, U.P, was brought to the OPD with complaints of aggressive behavior, hearing inexistent voices, suspicious that someone is trying to kill her, decreased self care, decreased appetite, decreased sleep, irritability, muttering to self intermittently, urinary incontinence since past 15 days. Increased Psychomotor activity observed, affect was perplexed, increased volume of speech, delusion of persecution was present, auditory hallucinations with impaired abstract thinking & judgement with insight grade 1. Patient was admitted and started on Olanzapine 2.5mg twice daily & MRI BRAIN CONTRAST was advised which showed malignant neoplastic process likely high grade butterfly glioma versus primary CNS lymphoma. Patient underwent surgery and had significant improvement in behavioral symptoms. Histopathology report showed Glioblastoma, CNS WHO grade 4. Patient got bedridden and expired within 2 months of surgery. The reliance of psychiatrist on history taking may sometimes undermine the need of radiological investigations, hence interfering with patient's management. This case highlights the importance of ruling out organic causes in patients who present with behavioural changes and have psychiatric symptoms.

**Keywords:** Glioblastoma Multiforme (GBM), Primary Brain Tumors, Organic Psychosis, Brain Tumors and Psychiatric Symptoms, MRI Brain Contrast, Butterfly Glioma, Delusions and Hallucinations, Psychiatry and Neurology, Behavioral Changes in Brain Tumors, Neuro-oncology.

### INTRODUCTION

Glioblastoma Multiforme (GBM) is the most common primary brain tumor in adults accounting for 45.2% of malignant primary brain and CNS tumors. GBM remains an incurable disease with a median survival of 15 months. The World Health Organization defines GBM as a grade IV cancer characterized as malignant, mitotically active, and predisposed to necrosis. GBM has a very poor prognosis. Psychotic manifestations are not usual but rarely these can be the presenting features of brain tumors.

### CASE DETAILS

A 63-year-old female from Noida, U.P, was brought to the OPD with complaints of aggressive behavior, hearing inexistent voices, suspicious that someone is trying to kill her, decreased self-care, decreased appetite, decreased sleep, irritability,

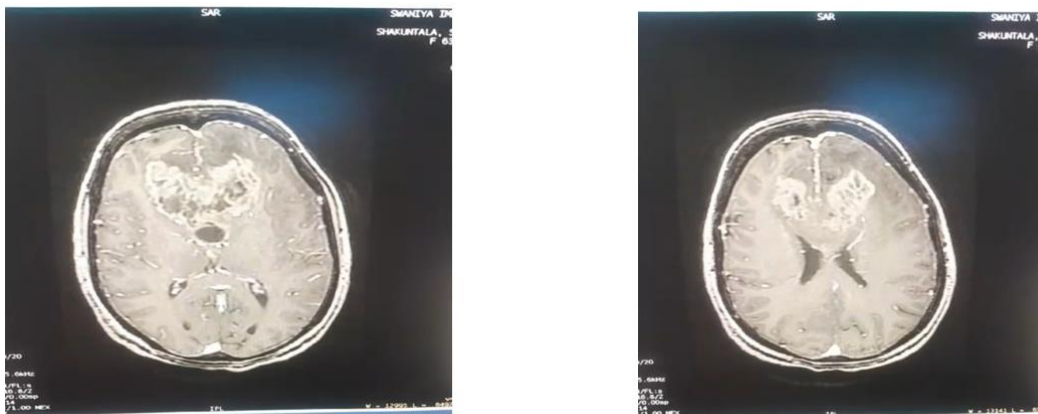
muttering to self intermittently, urinary incontinence since past 15 days which was acute in onset and continuously progressive in nature. She had no significant family or past history any psychiatric illness and had well-adjusted premorbid personality.

On MSE: she was kempt, tidy, increase in psychomotor activity observed, affect was perplexed, increased volume of speech, delusion of persecution was present, auditory hallucinations with impaired abstract thinking & judgement with insight grade 1. Patient was admitted and started on Olanzapine 2.5mg twice daily. Urgent MRI BRAIN CONTRAST was advised which showed malignant neoplastic process likely high grade butterfly glioma versus primary CNS lymphoma. Patient was advised surgery by the neurosurgeons for full recovery of symptoms.

Patient underwent surgery and had significant improvement in behavioral symptoms. Histopathology report showed Glioblastoma, CNS WHO grade 4. Patient got bedridden and expired within 2 months of surgery.

## INVESTIGATIONS

History taken and patient clinically diagnosed. Basic Routine investigations were done. MRI BRAIN CONTRAST showed malignant neoplastic process likely high grade butterfly glioma versus primary CNS lymphoma.



## CONCLUSION

The reliance of psychiatrist on history taking may sometimes undermine the need of radiological investigations, hence interfering with patient's management. Treating doctors should be aware that psychosis could be one of the initial presentation of brain tumors and further examination of these patients is warranted for correct and timely diagnosis. This case highlights the importance of ruling out organic causes in patients who present with behavioural changes and have psychiatric symptoms.

## References

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