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Poster presentation

Parkinson-Plus syndromes: cortico-basal ganglionic degeneration (CBGD)

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Background

The current paper is a case report

Material and Methods

The patient is a 58 years-old man with a history of onset of gait disorder and psychotic symptomatology (depression, mania, anxiety, hyposexuality) 8 years ago, at the age of 50. His medical history was registered and reported here.

Results

The patient was treated with antipsychotic drags without any improvement. After a year, psychotic symptoms improved including agoraphobia and panic attacks. 2 years later he stopped antipsychotic therapy on his own. In the same time he presented motor symptoms including tremor of the right hand; levodopa/carbidopa therapy was initiated upon diagnosis of Parkinson's disease. He did well for 1 year, when he began having problems with complex involuntary movements in which the right hand was rising towards the head and he was repeatedly taking his glasses on and off. At the same time he presented visual hallucinations, sleep disturbance, fear of being poisoned and signs of cognitive impairment, which progressed to actual dementia state. M.R.I.: Small size cerebral infarcts (basal ganglia) E.E.G.: Slow rhythm without paroxysmal abnormalities. The patient was treated with Levodopa/Carvidopa, dopamine agonist and Galantamine. Over the next 4 months he was free of psychosis and presented a great improvement on mental status.

Discussion

The initial psychotic symptomatology with mild parkinsonian signs, based on previous behavioral abnormalities of the patient's personality, led to a conventional antipsychotic treatment, in combination with Levodopa/Carvidopa; 2 years later, psychotic symptoms got worse and he presented specific involuntary movements (Alien Hand Sign) and severe behavioral and cognitive changes. The clinical features including motor disturbance, Alien Hand Sign, cognitive disturbances and dementia led us to the diagnosis of Corticobasal Ganglionic Degeneration.