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UNRAVELING THE DIAGNOSIS: PROGRESSIVE SUPRANUCLEAR PALSY AND FRONTOTEMPORAL DEMENTIA PRESENTING AS A PSYCHIATRIC DISORDER

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OBJECTIVE: Frontotemporal lobar degeneration (FTLD) encompasses Frontotemporal Dementia (FTD) and Progressive Supranuclear Palsy (PSP). Of these two clinical conditions that may accompany each other, FTD is characterized by personality changes and executive dysfunction, while PSP is marked by vertical gaze palsy, postural instability, and early falls. Presenting with neuropsychiatric symptoms often leads to misdiagnosis as a psychiatric disorder, especially when early neurological examinations and imaging are unremarkable. This case addresses a patient initially diagnosed with conversion disorder but later identified as having PSP and FTD.

CASE: A 59-year- old woman presented with dizziness, imbalance, and frequent falls for two years, along with weight loss, fatigue, low mood, and anhedonia. Neurological and otorhinolaryngological evaluations were unremarkable. Due to persistent symptoms and preceding psychosocial stress, a psychiatric assessment suggested conversion disorder, and antidepressant treatment was initiated. Subsequently, she was hospitalized with ongoing and worsened symptoms to our clinic.Psychiatric examination revealed impaired self-care, reduced facial expression, anxious affect, hypophonic speech with poor rhythm and prosody, and echolalic repetition of the last syllables of her words. Her thoughts were concrete and simplistic, given her background.Her falls were without self-protective behavior or loss of consciousness. Montreal Cognitive Assessment (MoCA) score was 17, and the clock drawing test was poor. Neurological consultation was requested, revealing vertical gaze restriction, left eyelid ptosis, hypophonic speech, echolalia, bilateral bradykinesia, mild rigidity, impaired tandem gait, postural instability, and hyperactive deep tendon reflexes. Neuropsychological testing indicated deficits in visuospatial skills, executive function, and memory. PET/MRI and DAT-SCAN confirmed frontotemporal lobar degeneration. Informed consent was obtained from the patient and her relative.

DISCUSSION: This case highlights the challenge of differentiating neuropsychiatric symptoms of neurodegenerative diseases from primary psychiatric disorders. An interdisciplinary approach is essential for precise diagnosis and effective management.

Keywords: Conversion disorder, frontotemporal lobar degeneration, misdiagnosis, progressive supranucleer palsy, frontotemporal dementia