

It Was Just a Simple Surgery...

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Introduction: Frontal lobe lesions are associated with a range of behavioral and cognitive changes that vary according to location, extent, depth and laterality of the lesion. Behavior disturbances are usually divided into positive (related to disinhibition) and negative (related to apathy), while cognitive deficits mainly involve prefrontal functions, including executive functions and social cognition.

Case Report: In 2009, a 42-year-old man was admitted to the Emergency Department with a cerebrospinal fluid (CSF) rhinorrhea, 2 days after elective endonasal sinus surgery. The fistula was surgically corrected. Three years later, he developed frontal epileptic seizures. A CT scan was performed and revealed multiple right frontobasal cysts and bifrontal inflammation with extensive edema. In 2013, he underwent surgical drainage of the cysts and repair of the anterior cranial fossa. Family members reported that his personality had changed progressively over the 5 years since the endonasal intervention, and he had become reckless, impulsive, sexually disinhibited and aggressive towards his family, showing lack of insight and difficulty in accepting his limitations. He became unable to manage his finances or carry tasks like paying bills, dealing with paperwork and keeping important documents. He also started consuming large amounts of alcohol, which worsened his epilepsy. Because of these behaviors, he was referred to a Psychiatric consultation, where he started medication and underwent a neuropsychological evaluation.

Conclusions: This case demonstrates the neuropsychiatric changes associated with a frontal lobe syndrome, and the clinical manifestations of frontal lobe epilepsy. Moreover, it encourages the reflection that no surgery is risk-free.