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SECONDARY MANIA FOLLOWING STROKE

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Stroke is rarely reported as one of the organic brain disorders which could give rise to secondary mania. This report describes a case of secondary mania following right fronto-parietal infarction.

INTRODUCTION

Secondary mania after cerebral hemispherical dysfunction can be due to various causes such as brain tumor, trauma, stroke etc. It is found that multiple lesion sites in the brain could be associated with the occurrence of secondary mania and it has been hypothesized that frontal lobe may play a central role in mediating mania after brain injury and explain the diverse sites that are associated with mania because of their connection to frontal lobe (Starkstein et al, 1988). Secondary mania following stroke is a relatively rare entity compared to mania occurring in patients with traumatic brain injury (Jorge et al, 1993). Most of the literature on secondary mania are anecdotal reports and this could probably be due to the rarity of this entity. In this context, we would like to report a case of secondary mania following right frontoparietal infarction.

CASE REPORT

Mrs. S, a 32 year old housewife from a semiurban background with no past or family history of neuropsychiatric morbidity was admitted in the neurology ward for evaluation of left hemiparesis. A psychiatric opinion was sought because of her abnormal behaviour. Mrs. S had a sudden onset of left hemiparesis 9 months prior to hospitalization. It was reported that five days after the onset of hemiparesis she started talking excessively in a loud voice and singing songs. She was irritable and abusive and had an elated mood. She was also noticed to have increased motor activity. There was no evidence of confused or disoriented behaviour. The abnormal behaviour had been present continuously. A detailed mental status examination revealed increased motor activity, pressure of speech, flight of ideas, overfamiliarity, elated mood and grandiose ideas. Mini Mental State Examination did not show any impairment of cognitive function. Patient was evaluated in detail to detect the underlying cause for the stroke. She was found to be diabetic and hypertensive.

Her C.T. scan showed a large right frontal infarction extending to the right parietal region. Both lateral ventricles were dilated (right more than left). Mrs. S was started on haloperidol 5 mg at night for control of the manic symptoms and she became symptom free after two weeks. She met the DSM-III-R criteria for organic affective disorders of the manic type and the similar criteria proposed by Krauthammer and Klerman (1978) for secondary mania. It is interesting to note that as in some of the other previously reported cases of mania following focal brain lesions, this patient also had predominant right frontal dysfunction.

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