

POSTSTROKE PSYCHOSIS

Y. Amara¹, Z. Chamsi¹, S. Belbachir¹, A. Ouanass, A. Ouanass¹

Ar-razi Psychiatric Hospital, Ibn Sina University Hospital, Morocco

Psychosis can be extremely disabling for life. It is described as primary when it is associated with a psychiatric disorder, and referred to secondary if it is the result of another medical disease. Perhaps one of the most interesting secondary psychoses is post-stroke psychosis, which remains relatively rare with an estimated prevalence of approximately 4%.

To better discuss this link between psychosis and stroke, we report here a case of chronic post-stroke psychosis in a 58-year-old patient who reports a five-year history of auditory hallucinations, delusions of persecution and jealousy, centered on his wife, of progressive onset, associated with dysarthria. He also reported a history of hypertension, as well as a son who was being monitored for schizophrenia, and denied any drug use, admitting to having consumed alcohol only occasionally, having weaned himself off it over 6 years ago. He had no cognitive impairment and denied any symptoms suggestive of mania or hypomania.

MRI showed a sequelae of a left periventricular lacunar ischemic lesion, associated with a few lesions of the supratentorial subcortical white matter, of vascular appearance. The patient was put on Amisulpride 600 mg per day and Quetiapine 100 mg per day, with good clinical evolution.

We will try through this case report to discuss the evolution of stroke towards psychosis, which remains an exceptional and infrequent complication, to determine the risk factors, the clinical and radiological specificities, as well as the adequate management for these patients.

