

MEETING ABSTRACT

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Panic disorder as presenting symptoms of multiple sclerosis

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Background

Multiple sclerosis (MS) is a chronic demyelinating disorder characterized by multiple neuropsychiatric symptoms. Psychiatric disorders and symptoms may accompany the course of MS as primary or secondary reasons [1,2]. We will present a case report with panic disorder as presenting symptoms of multiple sclerosis.

Materials and methods

A 47 years old female patient admitted to psychiatry clinic with attacks of palpitation, sweating, dispnea with a feeling of heart attack. These symptoms were present for 3 months, 3-4 times a week and the patient started to have expectation anxiety. She was diagnosed as panic disorder and started paroxetine 20 mg/day. After one month her symptoms were not better, and because of reference delusions as if people were looking at her, olanzapine 10 mg/day was added. After another month of medication, because she was not better, she was sent to neurology and she had a cerebral magnetic resonance imaging (MRI). In her neurologic examination her deep tendon reflexes were found to be increased. In her MRI a right frontal 10 × 5 mm periventricular deep white matter plaque and multiple subcortical white matter hyperintense plaques were seen. In her cerebrospinal oligoclonal band was positive. She was diagnosed as multiple sclerosis and after 5 day treatment of methylprednisolone 1000 mg/day, her psychiatric symptoms disappeared.

Results

Psychiatric symptoms may be primary symptoms of a new demyelination episode.

Conclusions

A MS patient may admit with psychiatric symptoms and there may be a misdiagnosis of psychiatric disorder.

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