



The Conundrum of Prolonged Delirium Tremens

Ionuț D. Rădulescu, Elena Stoenescu, Radu Andrei

Secția VIII Acuți, Institutul de Psihiatrie Socola, Iași, Romania

Email address:

radulescuionut1989@gmail.com (I. D. Rădulescu)

Abstract:

Introduction: Delirium tremens (DTs) is the most severe form of ethanol withdrawal manifested by altered mental status with disturbances of cognition, perception, sensorium and by sympathetic overdrive with autonomic hyperactivity, disturbances in alertness, sleep/wake cycles and psychomotor behavior, which can progress to cardiovascular collapse. DT's is a medical emergency with a high mortality rate, making early recognition and treatment essential.

Material and methods: Case Report: A 60 year old male with past medical history of type 2 diabetes and alcohol dependence was admitted to the hospital with a confusional state, tremor of the extremities, faintness, dysthymia with emotional instability symptoms, linked to alcohol consumption. The patient status under specific treatment with: intravenous (IV) rehydration, vitamin supplements of thiamine, oral and IM Diazepam and oral Haloperidol showed only slight improvement in the first days before his confusional state got worse and starting having headaches. Due to this fact a CT scan was indicated. A contrast-enhanced cranial CT revealed a tumor situated in the left parietal-occipital lobes and in the corpus callosum bilateral. He was redirected to a Neurosurgery clinic for further investigation where a biopsy was taken diagnosing a stage 4 glioblastoma.

Results and discussion: Alcohol withdrawal delirium is usually short-lived and lasts for approximately 3 days in most cases. Rarely, it may persist for a longer period of time prompting a search for other contributing factors. In the case of our patient his cognitive impairment, confusion, memory and sleep problems, sluggishness, drowsiness, changes in emotional state where more general, nonspecific symptoms of a brain tumor. This coupled with his unreliable testimony about his drinking habits, absence of a head trauma or withdrawal seizures and the fact that our clinic had no CT equipment at that time, made the differentiating between the two diagnosis difficult in the beginning.

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Keywords:

Delirium tremens, Differential Diagnosis, Brain Tumor