

A probable case of phenocopy syndrome of behavioral variant frontotemporal dementia

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Although frontotemporal dementia (FTD) is the second most frequent cause of early-onset dementia, it is often difficult to diagnose specifically behavioral variant frontotemporal dementia (bvFTD) because of the similarity to various psychiatric disorders in clinical features. Here, we reported a case suspected of bvFTD, so-called phenocopy syndrome. The patient was a 57-year-old man who had worked at a care facility after graduating from college. He had a past history of meningioma in his 20s, and he suffered from depression at 44 years of age. Ten years after the remission of depression, he developed a number of abnormal behaviors. He started to interfere with everyday activities. Then, he showed enhanced mood and was newly diagnosed with bipolar disorders. Moreover, he showed repetitive and stereotypic behaviors, and disinhibition, emotional abnormalities. On the Mini-Mental State Examination, he showed deficits in orientation, mental calculation and memory (19/30). Neuropsychological examinations showed slightly low IQ (86) on Wechler Adult Intelligent Scale-IV, dysexecutive syndrome (68) on the Behavioural Assessment of Dysexecutive Syndrome and poor performance when he had to arrange the sequential stage of complex actions. Neuroimaging only showed a right parietal lesion as a posttreatment change of meningioma without frontotemporal atrophy or hypometabolism. He met the criteria for clinical diagnosis of possible bvFTD (Rascovsky et al., 2011), but the clinical symptoms of bvFTD did not progress. It seemed possible that he suffered from autism spectrum disorders because of poor relationships with others and poor empathy.

Conflicts of interest

N/A