

## THESES

**NEUROPSYCHIATRIC ASPECTS OF HUMAN NEUROCYSTICERCOSIS (Abstract)\*. Thesis. São Paulo, 1994.**

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Used to neuropathology practice, in the XIX century psychiatrists were much interested in neurocysticercosis. After the beginning of the twentieth century, they seldom studied it. In order to verify the present epidemiological and clinical relevance of neurocysticercosis, particularly in psychiatry, autopsies and living psychiatric inpatients were examined, in an endemic area.

All 20741 autopsies performed from 1938 to 1988 at the Federal University of Minas Gerais School of Medicine, Belo Horizonte, MG, Brazil, were reviewed. In Group I (19574 autopsies performed by general pathologists from 1938 to 1976) the prevalence of neurocysticercosis was 0.45% (89 cases). In Group II (1167 autopsies performed with standardized neuropathology techniques from 1977 to 1988) the prevalence was 6.17% (72 cases). Neurocysticercosis localized in the basal ganglia in 21% of the cases. Microscopic examination of encephalic tissue excluded 9.9% and included 12.5% of cases. In a Control Group (90 non-patients examined after death in traffic accidents) neurocysticercosis was absent. The risk of psychiatric admission in Group II neurocysticercosis positives was 4.1 that in the negatives. In the positives with admissions, alcoholic Wernicke-Korsakoff encephalopathy was significantly associated.

Examining 188 inpatients in a public psychiatric hospital in Belo Horizonte, MG, Brazil, by means of a serum ELISA-SPA for neurocysticercosis, a prevalence of 12.2% (23 cases) was obtained. Cerebrospinal fluid examination and computed tomography confirmed neurocysticercosis in 5.3% (10 cases). Psychopathology was carefully studied with the Present State Examination-9, its Syndrome Checklist, and neuropsychiatric evaluation. The 10 cases presented dementia with subcortical features, without spatial disorientation, and high Hachinski ischemic score. All patients presented schizophrenia-like symptoms, six with catatonia episodes. Marked aggressiveness and impulsiveness suggested serotonergic disorder. Like in neurosyphilis, an "euphoric dementia" picture was detected periodically. In other times, depressive symptoms. It can be speculated that the changes in hygiene habits and the ruptures in social hierarchy observed in this dementia are means to maintain the biological cycle.

In virtue of the high prevalence here observed in a Psychiatric hospital, and of the clinical polymorphism of its psychiatric pictures, we recommend that neurocysticercosis be included in the routine differential diagnosis of psychiatric disorders, in endemic areas and among migrants and travellers. We recommend the regular use of serologic, tests and computed tomography methods to screen psychiatric patients for neurocysticercosis.

**KEY WORDS: cysticercosis, central nervous system, psychiatric disorders, dementia, autopsy findings.**

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