



Obsessive Thoughts and Psychotic Features Following Glioblastoma Treatment in an Elderly Patient: A Case Report



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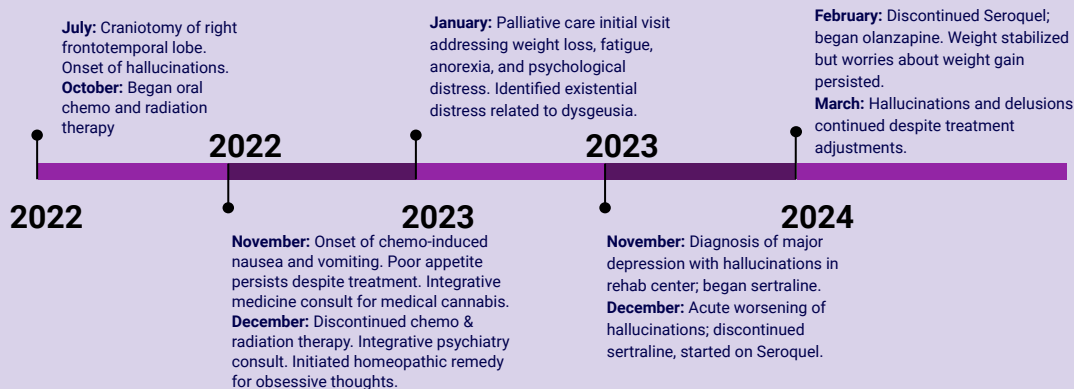
Background

Psychiatric manifestations following glioblastoma multiforme (GBM) treatment, particularly those involving obsessive thoughts and psychotic features, are not commonly documented, posing challenges in diagnosis and management. Both GBM and its standard treatment modalities, including maximal safe resection followed by radiotherapy and chemotherapy, have direct impact on brain functioning. Existing research has focused mainly on the cognitive and neurological sequelae in GBM patients, and highlights psychiatric symptoms as a primary manifestation of brain cancer; however, little attention has been given to the psychiatric impairment some GBM survivors experience after treatment.

Case Summary

Here, we report the case of an 80-year-old woman with a history of GBM and no past psychiatric history. She developed obsessive thoughts, hallucinations, anorexia, and dysgeusia after undergoing a craniotomy of the right frontotemporal lobe, followed by radiotherapy and chemotherapy for treatment of glioblastoma. Certain symptoms, like anorexia, were initially attributed to chemotherapy but failed to resolve, even when nausea, vomiting, and other chemotherapy-induced symptoms had subsided. The patient was referred for psychiatric, palliative care, and integrative medicine evaluation after the onset of symptoms, and has shown improvement in obsessive thoughts, though certain psychotic features have been difficult to manage, despite antipsychotic treatment.

Case Timeline



Conclusions & Future Directions

This case highlights the importance of a holistic approach when caring for patients with GBM, and the need for timely recognition of psychiatric disorders in patients following GBM treatment to ensure appropriate treatment and enhanced quality of life.

Future research should focus on the neurobiological causes behind psychiatric conditions in GBM survivors. Identifying specific treatment-induced or disease-related neurochemical changes could enable the development of more precise psychiatric interventions.

References

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