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**Medicine**

# Acute Manic Psychotic Onset Revealing an Increase in Transaminases During a Routine Assessment of a Case [1]

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**Abstract** **Case Report**

Our article concerns a patient who presented to the emergency room for an acute psychotic attack with a manic appearance, during an assessment carried out systematically showing an increase in transaminases revealing a manic turn by antidepressants for 1 year. Manic disorder results in a state of intense exaltation that can last from a few days to a few weeks. But it is very often accompanied by an episode of deep depression, leading to a vicious circle between two totally opposite state.

**Keywords:** acute psychotic attack, Manic disorder, depression.



## I. INTRODUCTION [1]

Manic disorder results in a state of intense exaltation that can last from a few days to a few weeks. But it is very often accompanied by an episode of deep depression, leading to a vicious circle between two totally opposite states.

All depressive states can give rise to a state of manic excitement. The transformation can be spontaneous or promoted by antidepressants. The main indicators of risk of mood transformation are a personal or family history of mood disorders, mood lability, marked psychomotor inhibition, the existence of hyperphagia and hypersomnia, early age of appearance, sudden onset and resolution of episodes. Therefore, it is important in the presence of these elements to reassess the indication for an antidepressant and to consider prescribing a mood stabilizer as monotherapy or in combination with an antidepressant.

The transition, more or less sudden, from a painful depressive state to a euphoric hypomanic (type 2 bipolar illness) or manic (type 1 bipolar illness) state of euphoric excitement.

It can be spontaneous, then indicative of a very progressive bipolar illness (rapid cycles). Most often, it is induced by a pharmacological antidepressant agent which thus reveals or confirms the person's bipolar disorder. In this case it is customary to retain the diagnosis of bipolar disorder type 3.

## II. PATIENT AND OBSERVATION

**1. Identity**

- This is Z.N aged 33, originally from Morocco and residing in Canada;
- The 2nd sibling of two;
- School level: basic secondary;
- Relationship: single;
- Profession: accountant in a company;
- He has a personal history of episodes of depression for 2 years, with arbitrary consumption of ATDs followed by a sudden cessation a few days after the first dose of the sensation of a symptomatic improvement in his mood.

**2. Biography**

- The patient comes from a non-consanguineous marriage (Moroccan mother and Canadian father) and a well-monitored full-term pregnancy.
- His psychomotor development was satisfactory with an IQ above normal and a high intellectual level;
- He has spoken several times since the age of 2.
- Described by the family as a quiet, shy son, very brilliant in his studies.

[1] Acute psychotic attack, Fatima Bentiss. 2008

- One month before without admission to the emergency room due to an incident very marked by the death of his sister due to breast cancer, after which he was followed for 2 years in Canada.
- His relationship with those around him is good.
- History of stroke at the age of 5 (hemiplegia dating back 24 hours)

**3. History of the Disease**

The beginning of the symptomatology seems to go back 5 years with the progressive installation of a sad mood, anorexia, insomnia, feelings of despair and guilt (1 episode per year) mobilizing the patient to consult a psychiatrist in Canada with notion of hypomania labeled for years made up of hyperactivity, insomnia without fatigue, familiarity, exaggerated social contacts, euphoria, altruistic concern.

The patient is depressed with several repetitions of treatment without a medical prescription.

The current episode seems to go back 1 month after the death of his sister and apparently the consumption of the poison according to the family through excessive spending of around 10 million).

And a pathological escape around the city, mobilizing the family after being met by the police at the Ibn Nafiss hospital in Marrakech.

**4. Psychiatric Interview**

- He was brought back by the police tense, well oriented in time and space,
- He presented himself with an outfit appropriate to his age and gender while being unkempt and disheveled,
- The contact was haughty, he wears glasses, and was logorrheic,
- His speech was coherent at times, understandable with a slightly accelerated verbal flow, without semantic, syntactic disorder or additional language production,
- Thymic lability,
- Affective ambivalence (happy and sad in the same time),
- The course of his thought was accelerated (tachypsychia), while the content is invaded by a delirious polythematic sd:

1. Delusion of persecution: He says he is being manipulated by a girl named Kenza.
2. Mystical delirium: I have a mission to bring together all the
3. Delusion of megalomania: I have the power; I'm going to get married within 24 hours.

- He does not report any perceptual disturbance.

**5. Conclusion**

- This is a 33-year-old patient with a history of multiple depressive episodes (only 1 per year) and self-medication with antidepressants,
- Thus, there is a notion of hypomanic character from a young age,
- Being admitted in a state of agitation associated with incoherent comments 1 month after the death of his sister, the psychiatric examination of the patient reveals that he is anxious with a delusional, vague, poorly systematized, polythematic SD without without hallucinatory or dissociative SD and an absence of insight.

**6. Diagnostic Retained**

The clinical picture of an acute psychotic episode is rather polymorphous; only the evolution over several months will confirm the diagnosis in retrospect but given the picture which presents the patient we can retain for the moment an acute psychotic attack with a manic appearance in front of:

- Moderate psychomotor agitation,
- Ideas of grandeur,
- Logorrhea,
- Familiarity and senior contact,
- Biography data, namely characteristic elements (hypomania; depressive episodes)
- Taking ATD (revealed following systemic assessment showing an increase in transaminases requiring serology analysis with abdominal ultrasound which turned out to be normal with a significant reduction in the level of transaminases after 48 hours)

## III. DISCUSSION [2]

This patient benefited from appropriate care after eliminating organicity and an assessment of his medication and toxic intake in our psychiatric care units requiring atypical antipsychotic treatment with a thermoregulator at effective doses;

According to other studies [3], all depressive states can give rise to a state of manic excitement. The transformation can be spontaneous or promoted by antidepressants. L

The main indicators of risk of mood transformation are a personal or family history of mood disorder, mood lability, marked psychomotor inhibition, the existence of hyperphagia and hypersomnia, early age of appearance, sudden onset and resolution of episodes.

Another study [4], carried out on 238 euthymic patients with MB (47% of patients), in our study the particularity made on the occurrence of a change of

[2] Adjuvant treatments during the manic episode, P. Thomas, Encephale France 2004

[3] Henry Cuche and Coll-2005

[4] CD Bekal et al-2005

mood towards the manic turn after more than 1 year and with as a precipitating factor participating in this change the traumatic factor (the death of his sister)

**IV. CONCLUSION:** Our case suggests that the risk of manic change can occur during the first months up to 2 years.