

## **RAPIDLY PROGRESSIVE DEMENTIA WITH ATYPICAL SYMPTOMS - CASE REPORT**

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**Introduction:** The authors present a case of a 65-year-old woman with severe organic psychosyndrome, rapid progression of dementia (MMSE 15/30, ACE-R 32/100) with behavioural disorder during four-month period, lately followed by gait impairment, urinary and faecal incontinence

**Case report:** The patient was accepted to hospital for progressive cognitive disorder, declining memory functions and loosing concentration and social skills. She also presented with behavioural disorder and mild choreatic movements of the acral parts of the limbs. Therefore, aside from a neurodegenerative disease, malignancy, NPH and others, a prion disease was considered in differential diagnosis. Brain CT scan and MRI with flow void sequence showed a communicating hydrocephalus and a vestibular schwannoma (right side). The MRI and EEG findings and examination of neurodegenerative markers did not meet diagnostic criteria for probable sCJD. Subsequently the schwannoma extirpation and ventricular drainage was performed and the patient's condition, mainly the cognitive and mental functions, improved (MMSE 18/30, ACE-R 40/100).

**Conclusion:** In cases of patients with results conclusive for relatively common causes of cognitive disorder presenting with symptoms not directly corresponding with the diagnosis, also rare causes of dementia should be considered in differential diagnosis.