

Frontotemporal Dementia in a Hispanic Female

Lynn M. Wilson DO

Lehigh Valley Health Network, lynn_m.wilson@lvhn.org

Nyann Biery MS

Lehigh Valley Health Network, nyann.biery@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/family-medicine>



Part of the [Family Medicine Commons](#)

Published In/Presented At

Wilson, L. M., Biery, N. (2019, March). *Frontotemporal Dementia in a Hispanic Female*. Poster Presented at: The (ACOF) American College of Osteopathic Family Physicians 56th Annual Convention & Scientific Seminars, Chicago, Illinois.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Frontotemporal Dementia in a Hispanic Female

Lynn Wilson, DO, Nyann Biery, MS
Lehigh Valley Health Network, Allentown, PA

TAP TO RETURN
TO KIOSK MENU

Interactive!
Click on any of
these bubbles to
jump to each
section

Case
Presentation

Images

Outcome

Discussion

61-year old Spanish-speaking female

- 7/2012: Patient had to retire from work early due to decreased awareness of personal safety on the job
- 11/2012 – 1/2015: Mexico visit
 - Returned early due to behavioral changes
- 2/2015: MMSE 19/30
 - MRI ordered for altered mental status by PCP; no insurance, not completed
- 3/2015: Presented to Emergency Department after ingesting 42 metformin
 - Admitted to inpatient psychiatry
 - Diagnosis: bipolar depression
- 5/2015: PCP post-discharge noted concern for memory impairment and behavioral disturbance.
- 11/2015-5/2016: Mexico visit
- 6/2016: Seen post-Mexico; no changes.
- 11/2016-5/2017: Mexico visit
- 8/2017: MRI ordered but denied by insurance
- 11/2017-5/2018: Mexico visit
- 6/2018: Patient returned to the United States, seen by PCP, FTD was suspected.
 - CT and screening labs ordered.

Frontotemporal Dementia in a Hispanic Female

Lynn Wilson, DO, Nyann Biery, MS
Lehigh Valley Health Network, Allentown, PA

TAP TO RETURN
TO KIOSK MENU

Interactive!
Click on any of
these bubbles to
jump to each
section

Case
Presentation

Images

Outcome

Discussion

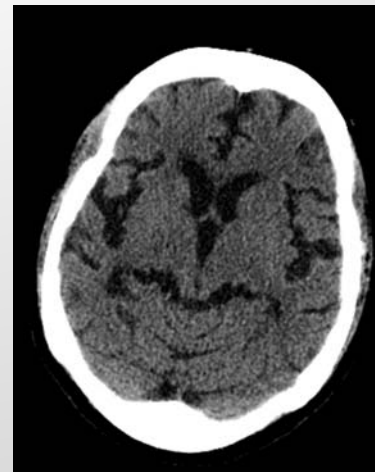
12/2011



Impression:

1. No acute territorial infarct, hemorrhage or mass

7/2018



Impression:

1. No acute territorial infarct, hemorrhage or mass.
2. Severe cerebral atrophy which is most prominent in the frontal and temporal lobes, a finding that was not present on the prior studies of 2010 or 2011.

Frontotemporal Dementia in a Hispanic Female

Lynn Wilson, DO, Nyann Biery, MS
Lehigh Valley Health Network, Allentown, PA

TAP TO RETURN
TO KIOSK MENU

Interactive!
Click on any of
these bubbles to
jump to each
section

Case
Presentation

Methods

Results

Discussion

CT confirms the diagnosis of frontotemporal dementia with significant volume loss of brain. Patient seen by neurology and resources for in home support were then provided to daughter, the patient's caregiver. No longer safe to travel to Mexico.

The World Health Organization has declared dementia a significant public health problem around the world. Frontotemporal dementia (FTD) is thought to be the second most common type of dementia among adults under the age of 65 years.

On average it takes 3.6 years to get an accurate diagnosis. There are approximately 60,000 cases in the US and life expectancy 7-13 years after start of symptoms.

Frontotemporal Dementia in a Hispanic Female

Lynn Wilson, DO, Nyann Biery, MS
Lehigh Valley Health Network, Allentown, PA

TAP TO RETURN
TO KIOSK MENU

Interactive!
Click on any of
these bubbles to
jump to each
section

Case
Presentation

Images

Outcome

Discussion

Frontotemporal dementia is a progressive deterioration characterized by changes in the frontal or temporal lobes, which usually start in late middle age, that result in changes to behavior and personality.

It is common for FTD to be misdiagnosed in the initial stages because of the symptoms that may overlap with other psychiatric illnesses. Late diagnosis causes caregiver burden as lack of proper resources provided.

This case report tries to bring attention to this as a diagnosis of consideration in adult patients with significant change in behavior.

1. Khadilkar N, Nimkar S. Exploring frontotemporal dementia through a case report: An emerging public health concern in disguise. *J Geriatr Ment Health* [serial online] 2015 [cited 2018 Nov 15];2:106-8. Available from: <http://www.jgmh.org/text.asp?2015/2/2/106/174278>
2. Kuğu N, Doğan O, Kavakçı Ö, Terlemez I. Frontotemporal dementia: a case presentation. *Düşünen Adam The Journal of Psychiatry and Neurological Sciences* 2010;23:293-299.
3. Martins J, Durães D, Chainho J, Paiva A. Behavioral Variant Frontotemporal Dementia: Case Report and Literature Review. *European Psychiatry* 2015; 30 S1: 1465.
4. Crisan CA, Parau I, Perju-Dumbrava L. Frontotemporal dementia: A diagnostic challenge. *European Psychiatry* 2017; 41: S648.0
5. Bang L, Spina S, Miller Prof B. Frontotemporal dementia. *The Lancet*. 2015; 386 (10004): 1672-1682.