



# Dementia secondary to a potentially treatable cause - role of GPs

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## ABSTRACT

### Introduction

Dementia is tragic mind-wrecking disease, defined as a multifaceted decline in cognitive function severe enough to interfere with activities of daily life. We present herein two patients who presented with loss of memory and altered behaviour. The purpose of these case reports is to alert the health professionals, especially general practitioners, in detection of "potentially treatable" cases of dementia that can be treated effectively to restore normal or nearly normal intellectual function.

**Method:** Observational descriptive clinical epidemiological method- Case report

### Conclusion

Chronic subdural hematomas and meningiomas are among the known reversible causes of dementia. Presenting symptoms can be subtle and clinical acumen dictates that all patients should be thoroughly investigated to rule out such possibilities.

**Key words:** reversible dementias, chronic subdural hematoma, meningioma

### Case presentation

Patients 69 year old Malay male and 79 year old Chinese male were brought in to our hospital Tengku Ampuan Afzan [HTAA] by their families with history of memory impairment and altered behaviour. The former was diagnosed as left frontoparietal extradural mass with possible haemorrhage causing mass effect. (Fig 1 and 2) The latter was diagnosed as subdural hematoma involving left hemisphere with midline shift. (Fig 3)

The former underwent craniotomy and exploration, excision of meningioma, and aspiration of a hemorrhagic cyst beneath the tumour. The second patient underwent burr-hole craniotomy with closed-system drainage. Following surgery both patients improved with Mini-Mental State Examination levels of 28/30 and 30/30 respectively and in their follow-up were doing well.

### CT Brain patient 1



Fig 1

Plain CT brain in axial view shows marked white matter oedema in the left frontoparietal region with an associated mass (arrows). It measures 4.3x2.0x5.6cm, causing compression on the ipsilateral ventricles and midline shift to the right. There are few intralésional calcifications seen (arrowhead). There are left skull defects due to previous left frontoparietal craniotomy. The adjacent skull shows no evidence of hyperostosis or erosion.



Fig 2

Post-contrast CT brain in axial view shows avidly enhancing mass in the left frontoparietal region (arrows).

Histopathology Report: **Meningothelial meningioma (WHO grade 1)**

### CT Brain patient 2

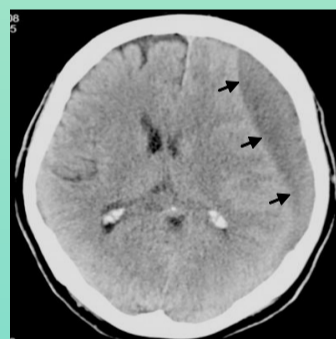


Fig 3

Plain axial CT scan of the brain shows chronic subdural hematoma (arrows) involving the left hemisphere. Note the midline shift, blunting of sulci and oedema.

