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Confusional syndrome in a young patient

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Introduction

The acute confusional syndrome (ACS) is a syndrome, and as such it can be formed by several symptoms and signs, being multiple forms of presentation, which makes diagnosis difficult. It represents a complication of another underlying disease, which often goes unnoticed and is usually the one that marks the prognosis, so it must be discovered and treated, being the etiological diagnosis of this syndrome a medical emergency.

The fundamental clinical characteristic of this syndrome is an alteration in the level of consciousness and attention, accompanied by a dysfunction of cognitive functions, which can be accompanied by emotional changes, autonomic and behavioral changes, all of which are more or less acute, progressive and fluctuating to throughout the day.

Clinical Case

A 50-year-old man, without medication allergies, lives alone, smokes 40 cigarettes a day, and has no history of interest. He visites emergency room with his partner, who says that she finds him disoriented, refers to a non-thermodynamic diathermic sensation accompanied by cough and greenish expectoration since two days ago. Today he has not been able to finish his working day, returning to his home due to general malaise. His partner says that from this afternoon they find him drowsy, unreactive, disoriented and with speech alteration.

On examination the patient is hemodynamically stable, with low-grade fever, acceptable general state, decreased level of consciousness, disoriented, aggressive and agitated, incoherent and repetitive language without neurological focus, rest of exploration within normality.

Blood, urine and chest x-ray are requested, within normality, urine analytical for toxins is enlarged and brain CT of the skull is requested, the patient is reassessed, continues disorientated as soon as he responds to questions, aggressive, refers the companion who is he has slept in the waiting room and has behavioral disorder, without obeying simple orders, it is decided to perform a lumbar puncture given that the complementary tests are normal and to identify possible central nervous system infection focus. The result is cerebrospinal fluid compatible with viral encephalitis due to a direct infectious or immune-mediated mechanism secondary to previous catarrhal disease. It is entered in plant to complete study and evolution.

Conclusions

The ACS should be considered as a medical emergency. The early diagnosis of the condition, its etiology and the main risk factors that predispose to its development and precipitate its appearance, allows to prevent possible adverse consequences, an untreated ACS is associated with significant rates of morbidity and mortality. Therefore, the ACS requires a rapid, but methodical and rational, diagnostic attitude, which can basically be divided into two aspects: identification of the clinical syndrome, through anamnesis and physical examination and identification of the etiology, guided by clinical data and confirmed by complementary exams.

In our case, it is a young patient in whom a differential and etiological diagnosis of the confusional syndrome must be made. The accomplishment of complementary tests and the lumbar puncture are necessary to identify the cause, in the presented case it is due to an encephalitis of viral cause.