Different clinical subtypes of behavioural variant Fronto-Temporal Dementia: a comparison of two single cases

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Abstract

The symptoms of the behavioural variant FTD (bvFTD) can be misdiagnosed as late onset schizophrenia or other psychotic disorders. Besides, cognitive and behavioural symptoms may be influenced by the differential involvement of the right versus the left hemisphere. We report two single cases with different presentation and course, who were first interpreted as psychiatric disorders, but later diagnosed as bvFTD. The first patient's onset was characterized by dramatic personality and behavioural changes consisting of "positive symptoms": hypomania, compulsiveness, loss of insight and impaired social interaction. Ten years after onset, apathy and inertia were his prominent symptoms. Behavioural disturbances also included unreasonable jealousy about his wife, craving for food, tendency to confabulate over his past. The second patient presented mainly "negative symptoms" with increasing apathy and loss of interests, irrational fears and some memory difficulties, symptoms which were attributed to depression due to her past divorce. By the time she was referred for neurological assessment apathy and loss of care for herself had become extremely severe, though sometimes associated with hyperactivity, compulsive behaviours and wandering. Craving for chocolate was also reported. A rapidly progressive course eventually led to florid delusions and hallucinations. Neuroimaging data and neuropsychological assessment provided evidence of prominent involvement of the right hemisphere in the first case, compared to bilateral frontal atrophy in the second one. Our data, though limited to single cases, support the hypothesis that right-sided involvement is associated with socially inappropriate behaviour as early presentation.

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