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Clinical Image

Frontal glioblastoma masquerading as schizophrenia exacerbation

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A 55-year-old woman with chronic residual schizophrenia, stable on olanzapine for several years, was brought to the emergency department due to newly developed behavioral disinhibition in public, progressive social withdrawal, recurrent thought blocking, and new-onset mild dysarthria over the course of one week. There was no recurrence of hallucinations or delusions, and she maintained good occupational functioning. Her psychiatric course had been stable without abrupt exacerbations, and no focal neurological deficits or other intracranial pathology were noted previously. The atypical evolution of symptoms and emergence of subtle neurological signs prompted neuroimaging. Noncontrast computed tomography of the brain revealed a 5.4-cm cystic lesion and mural nodule in the left frontal lobe, with extensive vasogenic edema and prominent midline shift (Fig. 1a). Upon admission, further evaluation with magnetic resonance imaging of the brain confirmed an irregular intraaxial cystic mass lesion at the left frontal pericallosal region, with mass effect on left lateral ventricle and midline shift, implicating regions critical to executive function and behavioral regulation [1, 2]. Neurosurgical consultation led to left frontal craniotomy for tumor removal. Histopathology was consistent with glioblastoma. The case highlights that in adults with psychiatric histories, abrupt behavioral and cognitive changes—particularly in the absence of psychotic relapse—require urgent evaluation for organic brain pathology [3, 4]. Early imaging can allow prompt diagnosis and management of underlying neurological disease [4]. Frontal lobe tumors can closely mimic primary psychiatric syndromes, emphasizing vigilance in psychiatric assessment and the importance of interdisciplinary collaboration [1, 2].

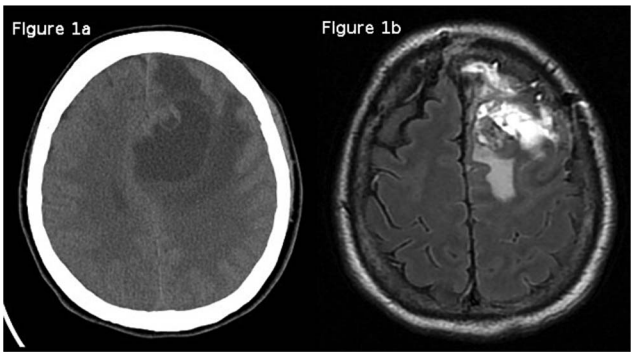

Figure 1. Neuroimaging of a frontal lobe glioblastoma mimicking psychiatric relapse. (a) Axial non-contrast computed tomography shows a left frontal cystic mass with a mural nodule, surrounded by vasogenic edema and associated with midline shift. (b) Axial fluid-attenuated inversion recovery (FLAIR) magnetic resonance imaging demonstrates a heterogeneous hyperintense lesion involving the left frontal lobe and cingulate gyrus, with extensive perilesional edema.

Conflict of interest

No conflicts of interest.

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Ethical approval

Ethical approval was not required for this Image in Clinical Medicine submission, as it does not constitute human-subject research under institutional and journal policies.

Consent

Written informed consent for publication of the clinical details and accompanying images was obtained from the patient. All identifiable information has been removed.

Guarantor

Chuan-Ya Lee, M.D., serves as the guarantor for this manuscript and accepts full responsibility for the integrity and accuracy of its content.

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