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# Atipical Delirium

**Marone C*, Carbone I and Carafa M**

Department of Emergency Medicine, Internal Medicine Unit, Antonio Cardarelli Hospital Napoli, Italy

***Corresponding author**
Marone C, Department of Emergency Medicine, Internal Medicine Unit, Antonio Cardarelli Hospital Napoli, Italy.

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**Background:** Delirium is a reversible geriatric syndrome with attention deficit and cognitive dysfunction, on acute pathology. Risk factors are advanced age and cognitive decline while pain, dehydration, hypoxia, stroke and surgery are the most common triggering factors.

**Case History:** we describe the case of an 86-year-old woman who developed symptoms of
drowsiness and psychomotor agitation. History of arterial hypertension, diabetes mellitus, mild cognitive decline. No electrolyte alterations or hypoxia were evident on the blood gas analysis.

No evidece of alteration of inflammatory indices. The ecg showed no acute events; as well as chest x-ray and abdominal ultrasound. The skull CT showed cortico-subcortical atrophy and multiinfarct leukoencephalopathy. The blood sugar measurement showed us an extremely low value: 44 mg/dl. After the correction of glucose values, we noticed a complete recovery of the patient's cognitive status. From a more in-depth anamnesis we later learned that the patient managed insulin independently.

**Discussion:** the hypoglycemia's causative role in the formation of the clinical picture is extremely likely in this case. In the frail elderly, age-related changes determine atypical disease presentations with the risk of diagnostic-therapeutic delay. The importance of a multidimensional assessment and broad-spectrum differential diagnostics in patients of advanced age is therefore highlighted.





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