

Things are Looking Up: A Case of Progressive Supranuclear Palsy Presenting as a Car Crash

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Background

- Progressive supranuclear palsy (PSP) is a rare neurodegenerative disease characterized by gait disturbances, bradykinesia, rigidity, gaze palsy, dysarthria, sleep disturbances, and cognitive impairment
- Cause is unknown and treatment options are limited
- Commonly misdiagnosed as other neurological and mood disorders

Case

- 66-year-old white female with a history of AUD in remission, depression, falls and prior episode of Wernicke's encephalopathy complicated by TBI presented after MVA without loss of consciousness, hitting a tree
- Reports this was due to "looking up like I usually do" with resultant loss of vision
- Head CT was negative and given her odd chief complaint and agitation at the scene, psychiatry was consulted
- Psychiatric interview notable for her reports of "looking up" over a few months, balance issues, nystagmus, mood lability, and lack of insight, attributed to mood disorder vs major neurocognitive disorder with possible psychosis
- Neurology deferred consult; psychiatric bed search initiated

Figure 1. Patient Imaging

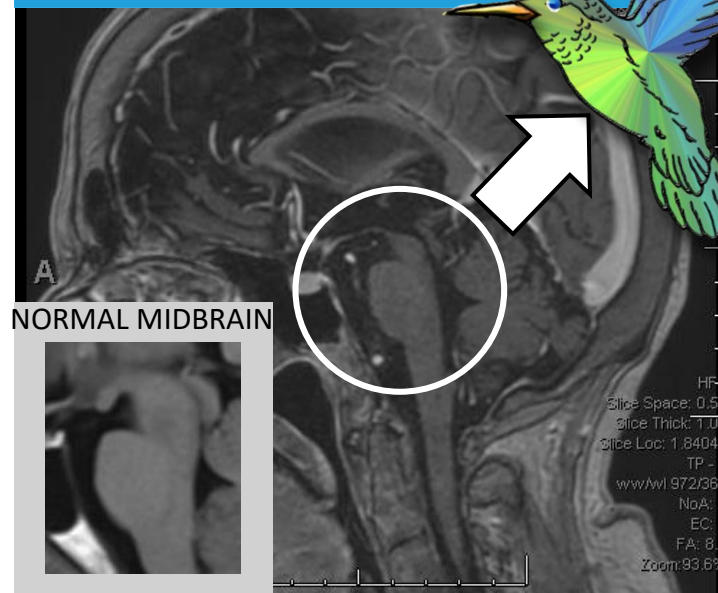


Figure 1. MRI positive for "hummingbird's sign" related to midbrain atrophy
→ Patient diagnosed with likely PSP

Case continued

- Delays with bed search prompted psychiatry to ultimately successfully advocate for a neurology consult
- Neurology exam found marked vertical gaze paresis (down>up), and facial and distal upper extremity dystonia
- She was medically admitted to hospital medicine, worked up for PSP, Wernicke's encephalopathy, among other neurodegenerative diseases and given high dose thiamine
- Patient MRI suggestive of PSP (See Figure 1)
- Patient scheduled for confirmatory outpatient DAT scan in near future

Discussion

- PSP is a tauopathy that is easily mistaken for other conditions including mood disorders, as early symptoms may appear psychiatric in nature
- Identifying and distinguishing between primary psychiatric illness and early symptoms of apathy and executive dysfunction in PSP are essential in accurate and timely diagnosis
- In this case, the patient's complaint of "looking up", which taken colloquially as odd, was ironically a cardinal feature of the diagnosis, but coupled with mood lability functioned as the proverbial "red herring" and highlights how anchoring bias towards a psychiatric diagnosis can result in diagnostic delay

Conclusion

- Barriers to accurate and timely diagnosis of PSP in ED settings include anchoring bias, the expectation of rapid disposition planning and subsequent difficulties with advocating for further medical workup
- Increased bias awareness, challenging assumptions, and advocacy may help improve these barriers to assist in diagnosing, treating, and disposition planning in patients with PSP and other medical diagnoses that may masquerade as psychiatric

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