

CASE PRESENTATION

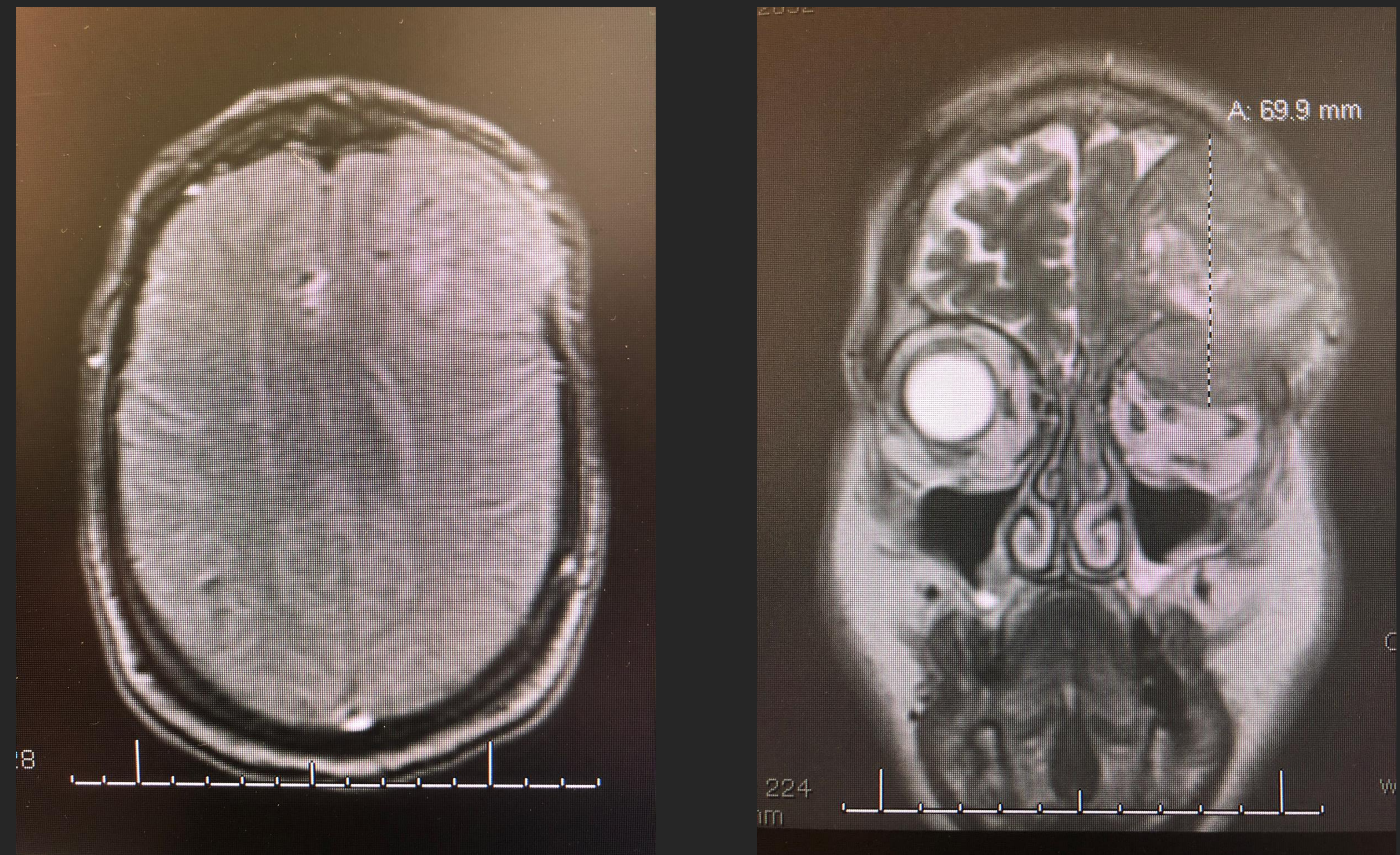
Mr. S is a 64-year-old man with a history of multiple myeloma (MM) and generalized anxiety disorder (GAD) who presented with acute symptoms of mania following new osseous frontal metastasis visualized on brain MRI.

March 2020	<ul style="list-style-type: none"> Diagnosed with multiple myeloma
April 2020	<ul style="list-style-type: none"> Received radiation and chemotherapy
September 2020	<ul style="list-style-type: none"> Received stem cell transplant.
October 2020	<ul style="list-style-type: none"> Achieved remission.
August 2021	<ul style="list-style-type: none"> Initial psychiatric consultation. Diagnosed with generalized anxiety disorder. Sertraline started.
October 2021	<ul style="list-style-type: none"> Psychiatric follow-up. Anxiety symptoms resolved.
March 2022	<ul style="list-style-type: none"> Presented to ER with new-onset mania. Imaging with new metastasis to bilateral frontal bone. Treated with dexamethasone to reduce cerebral edema. Mania resolved.

A Case of Lesional Mania from Multiple Myeloma

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Though rare, manic symptoms can develop from space-occupying effects, via metastasis and cerebral edema.



BACKGROUND

- **Lesional mania**, mania induced by focal damage to neuroanatomy, is well-documented and should be considered in patients presenting with **first manic episodes and >40 years old**³.
- Invasion of the central nervous system is exceedingly rare in multiple myeloma⁴.
- Metastatic brain tumors are more likely to **cause neuropsychiatric symptoms** via **mass effect** over primary brain tumors².

DISCUSSION

- This patient's acute mania was likely due to mass effect from bilateral frontal bone osseous lesions, as demonstrated by symptom resolution with dexamethasone¹.
- **Right-sided and frontal lobe lesions** are among the **most common presentations** of lesional mania².
- To date there is **no literature** of lesional mania with **MM as the primary cancer**.

REFERENCES

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