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A case of unrecognized dementia in young frail patient with subcortical white matter disease masquerades as depression, noncompliance and repeated hypoglycemia

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Case Report: Fifty-two year old male with PMH of heavy smoking, chronic kidney disease (CKD), obesity, type 2 diabetes complicated with retinopathy, nephropathy and peripheral neuropathy, and depression presented with poorly controlled diabetes, recent ICU admission with hypoglycemia and loss of consciousness. He has positive pin brick sensation stock-glove in the upper and lower extremities, on neuro exam and antalgic gait, he ambulates with point cane. On CGA (Comprehensive Geriatric Comprehensive), he was found to have 3 impaired IADL domains (driving, financing and handling insulin). MMSE: 20/30, impaired clock drawing test impaired speed, attention and executive skills, geriatric depression scale (GDS) was 4/15, FRAIL scale was 4/5. His lab reports revealed CKD stage III, he has normal B12, folate and Hba1C average above 8. His MRI revealed white matter disease, pontine infarct, right thalamic lacunar infarct and left lenticular lacune as well. Patient was assigned a care taker to supervise his insulin and his glycemic control improved as well as his overall compliance

Conclusion: Failure to identify dementia in frail younger population with high vascular risk constitutes health hazards and poor disease control. Primary care clinicians may fail to recognize cognitive impairment during clinic visits using routine history and physical white matter disease and non-strategically located infarct may be completely asymptomatic, however early identification in high risk for dementia group can detect early executive dysfunction and subsequently eliminate health hazard and prevent further deterioration.

Biography

Hanan Sheikh Ibrahim is a Clinical Assistant Professor at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Ohio, a Consultant Physician and a Quality Officer at the Cleveland Clinic Abu Dhabi. She was trained at Cleveland Clinic in Ohio, USA under the tutelage of Dr. Robert Palmer, concept originator of the Acute Care of Elderly (ACE) unit which was modeled internationally. Then she pioneered in the Geriatric Care in the UAE by establishing the first MACE unit and the first Geriatric Core Curriculum for resident physicians. She received her MD from Damascus University, Syria where she specialized in Pulmonary Medicine then she moved to US where she completed her Residency in Internal Medicine at the University Of Pittsburgh School Of Medicine in Pittsburgh, Pennsylvania, US. She completed her Fellowship in Geriatric Medicine at Cleveland Clinic, Ohio. She is Board Certified in Internal and Geriatrics Medicine.

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