

DISORDERS OF EMOTIONS WITH THE TUMOR LESION OF THE DIENCEPHALIC REGION

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Among tumors of the diencephalic region there are: Pituitary adenomas, Craniopharyngiomas, Gliomas, Meningiomas and others. They differ in location, histology, clinic with corresponding hormonal disorders.

Emotional disorders in the clinic of tumors of the diencephalic region are revealed in 2-67% by the literature. So, with Hormone-active pituitary adenomas there is 30-60%, with Non-functioning pituitary adenomas ones less than 6%. Emotional disturbances are revealed in 67% of patients with Craniopharyngiomas on the background of a decrease in hormonal secretion. Psychopathology can be caused by the localization of lesions/irritation of the brain, histology and, possibly, changes in the level of neurohormones.

Pituitary adenomas has the leading place among tumors of the diencephal on localizations. This is 15% of all brain tumors, the 1st and 2nd places are detectable at the age of 15 to 54 years. Hormone- active pituitary adenomas differ by Prolactinoma (PRL-secreting pituitary adenomas -35%), Acromegaly (GH-secreting pituitary adenomas - 15%), Cushing's syndrome (ACTH-secreting pituitary adenomas -10%), Thyrotropinoma (TSH-secreting adenomas-1%) and Non-functioning pituitary adenomas (40%).

1. Pituitary adenomas with excessive secretion of growth hormone (GH) - in 60% of patients, nonspecific symptoms, mostly asthenic. It is often stable dysphoria - the predominance of "gloomy-spiteful" mood.

2. Pituitary adenomas gland with excessive secretion of adrenocorticotrophic hormone (ACTH):

1) Cushing's disease - lability of mood, depression, apathy, sleep disturbance, with visceral manifestations (tachycardia, fluctuations in blood pressure) in 50%.

2) Nelson's syndrome - a decrease in emotional reactions and motor activity. Patients are apathetic, monotonous, poor in mimic manifestations.

3. Pituitary adenomas with excessive secretion of prolactin (PRL) - emotional disorders, sleep disturbance in 30%. Nonspecific symptoms of the asthenic plan in almost a quarter of patients.

4. Pituitary adenomas with excessive secretion of thyroid-stimulating hormone (TSH) - increased emotionality, excitability, mood lability, with frequent "panic attacks" in 40%.

5. Non-functioning pituitary adenomas:

a) With hormone-inactive tumors of the pituitary psychopathology is present in 6%. There are violations of sleep, mood lability, weakness, decreased memory.

b) In craniopharyngiom as emotional and personality disorders was in 67%. This is combined with cognitive, motivational and other impairments.

So, violations of emotions in the defeat of the diencephalic region are caused by the localization of the tumor with the involvement of the corresponding brain structures in the pathological process.

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FAMILIAL CASES OF SCHIZOPHRENIA

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The clinical features of familial cases of schizophrenia in comparison with sporadic cases of schizophrenia were studied. The patients with paranoid schizophrenia with a family history of schizophrenia (n=30) and patients with paranoid schizophrenia without family history of schizophrenia (n=140) were examined. The SADS-L "Schizophrenia and Affective Disorders Scale" and "The evaluation list of symptoms and a glossary for mental disorders, ICD-10" was used to assess the psychopathological state and psychopathology symptoms. Associations of family schizophrenia with clinical symptoms ($p < 0.05$) were found in the form of a symptom of depersonalization and delusional ideas of persecution. Suicidal intentions and attempts were significantly more common in patients with familial schizophrenia.