



## A Probable Case of Peduncular Hallucinosi

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### Clinical Image

An 83-year-old gentleman presented to Emergency Department (ED) with acute onset confusion associated with visual hallucination. He reported hearing people breaking into his house and was noted by his carers to be responding to vivid unseen stimuli including having conversation and tea with family members who were not there. He was disoriented to time, place and person; and has features of inattention on initial assessment in the ED. Initial diagnosis of delirium on background of known mild cognitive impairment was made. There were no associated infective symptoms, trauma, and no changes to medications or illicit drug intake. Physical examination was notable for basal inspiratory crackle in keeping with known Idiopathic lung disease. There was no focal neurology apart from features of delirium. Routine laboratory investigations for reversible causes of delirium were unremarkable. Further imaging on MRI Brain revealed an acute small vessel pontine infarct. Given the presence of hallucinations and radiological evidence of acute pontine infarct, a diagnosis of Peduncular Hallucinosi was made. The patient responded to antipsychotic treatment with complete resolution of hallucinations and was discharged home following a two-week inpatient stay. Peduncular hallucinosi is a rare form of visual hallucination first described by Lhermitte in 1922 [1]. The visions are usually reported to be vivid, colorful, and sometimes distorted images of animals and people. There is no specific treatment for PH. Cases have been reported to respond to various classes of psychotropics, such as atypical antipsychotics, selective serotonin reuptake inhibitors, and anticonvulsants [2].

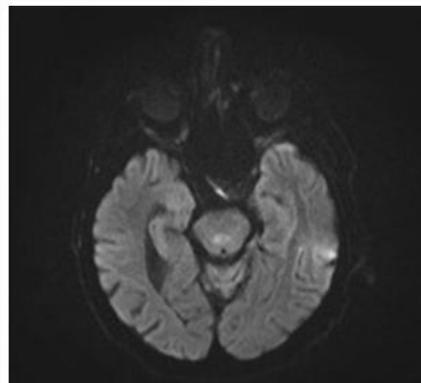


Figure 1: Magnetic Resonance Imaging (diffusion weighted imaging) showing acute pontine infarction.

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