

Visual Hallucinations in Psychiatry's Interconsultation: Charles Bonnet Syndrome

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Sometimes psychiatrists don't take account in medical issues in psychiatric patients although it is a classical item we should deal with in everyday practice. One of more interesting issues in psychiatry are visual hallucinations.

We report a case about a 49 years old man patient without psychiatric antecedents and visual hallucinations which had started suddenly, so that we reviewed literature about somatic illnesses with visual hallucinations. This patient had a visual disability caused by glaucoma, he didn't have any other psychotic symptomatology, had reality judgment preserved and criticized properly this hallucinations. Finally he was diagnosed of Charles Bonnet syndrome and his symptomatology remitted with Risperidone, but a few weeks later the patient presented some side effects, so that it was necessary to change to Aripiprazole with better response and sustained remission.

Charles Bonnet syndrome is characterized by complex, recurrent or persistent visual hallucinations in visually impaired individuals without cognitive or psychiatric disorders. It mainly affects elderly patients affected by macular degeneration associated with age, glaucoma or cataracts but can be found also in some psychiatric and neurological disorders such as abuse of alcohol (delirium tremens) or abuse of other substances, dementia, narcolepsy or long-term sleep deprivation, epilepsy, Parkinson's disease, brain tumors, migraine or even infection by Epstein-Barr virus in mononucleosis. It is considered that this phenomenology represents cortical release phenomena due to deafferentation of visual association areas of the cerebral cortex.