

## Case Report

# Atypical presentation of prosopometamorphopsia in concurrent postpartum mood disorder and bipolar II disorder: a case report

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## ABSTRACT

Women are at an increased risk of being diagnosed with bipolar II disorder, and bodily fluctuations related to pregnancy can significantly alter the severity of symptoms. Hormonal changes may warrant severe perinatal and postpartum mood disturbances in this population and lead to the development of symptoms related to psychosis, such as visual hallucinations. Prosopometamorphopsia is a rare disorder related to the visual perception of faces. While it is most commonly attributed to organic neurological causes like tumors, some cases of prosopometamorphopsia have been linked to mood or psychotic disorders. A 38-year-old female diagnosed with bipolar II disorder and postpartum mood disturbance reported paranoia and symptoms of prosopometamorphopsia beginning in mid-pregnancy and continuing multiple months postpartum. MRI suggested the presence of a pituitary microadenoma. This case describes the atypical presentation of an extremely rare visual perception condition concurrent with postpartum mood disturbance and bipolar II disorder, possibly related to the presence of a pituitary adenoma. Though literature has reported instances of visual hallucinations stemming from pituitary adenoma, the etiology of the patient's perceptual issues is unclear. Despite a lack of patient background and relevant research findings, this unique case prompts further exploration of potential neurobiological and hormonal connections among pituitary adenoma, perinatal/postpartum mood disturbance, and prosopometamorphopsia.

**Keywords:** Prosopometamorphopsia, Bipolar II disorder, Pituitary adenoma, Postpartum mood disturbance

## INTRODUCTION

Approximately 1.6% of the global population has a diagnosis of bipolar II disorder.<sup>1</sup> It is a condition typified by cycles of alternating depression and hypomania, a distinction from more severe mania as seen in bipolar I disorder.<sup>2</sup> The hypomanic (e.g., increased energy, rapid speech) and depressive (e.g., anhedonia, sleep disturbances) symptoms of bipolar II disorder can be

accompanied by paranoia but are not typically associated with hallucinations or other psychotic features.<sup>3,4</sup> Bipolar II disorder occurs more frequently in females, possibly related to biopsychosocial factors and diagnostic bias.<sup>4,5</sup> For pregnant females with bipolar II disorder, managing their condition while their bodies prepare for birth leads to exacerbated symptoms.<sup>6</sup>

A milieu of psychopathological complications related to pregnancy has been discovered. Mood instability, seen in

disorders like perinatal bipolar disorder and postpartum depression, is a transdiagnostic symptom related to increased risk for a variety of psychiatric disorders well after giving birth.<sup>7</sup> Treating perinatal mood instability, especially in cases of bipolar disorder, can be a challenge for individuals who must change medication regimens to prevent birth defects and obstetric complications.<sup>7,8</sup> Hormone variations throughout and after pregnancy can heavily impact the neurological mechanisms responsible for the pathogenesis of mood disorders and other brain functions.<sup>10,11</sup> This may result in the onset of mental disorders like bipolar disorder and its delusional and hallucinatory implications.<sup>9</sup>

Prosopometamorphopsia is an extremely rare visual perception disorder characterized by a distortion in the shape, position, or color of faces or facial features.<sup>12</sup> Fewer than 100 documented cases of prosopometamorphopsia have been reported in the last century.<sup>13</sup> The phenomenon can occur regardless of whether the face derives from a person, screen, or drawn image, and it is not necessarily associated with impairments in visual acuity.<sup>12</sup> In some cases, prosopometamorphopsia can emerge organically, but diverse neurological conditions (e.g., epilepsy, tumors) are most commonly related to its onset.<sup>12,13</sup> Thus, treatments are modified to the individual based on the cause of the symptoms, ranging from antiepileptics to neurosurgery.<sup>13</sup> The condition is rarely ascribed to psychotic or mood disorders since organic neurological causes are the most common culprits of such symptoms.<sup>14,15</sup> However, the distinction between visual perception disorder and visual hallucination can be unclear, which may lead to misdiagnosing a patient with psychopathology accompanied by hallucinatory features.<sup>16</sup>

Here, we present the case of Ms. Z, a 38-year-old female clinic patient with symptoms of postpartum mood disturbance disorder, bipolar II disorder, and prosopometamorphopsia.

## CASE REPORT

Ms. Z is a 38-year-old married female, a preschool teacher by profession, who was brought for evaluation by her sister four months postpartum. She presented with a 10-month history of extreme irritability and fluctuating mood disturbances, and seeing distorted faces, which began abruptly during the second trimester of her pregnancy. The course has been episodic, characterized by a decline in socio-occupational functioning. During symptomatic peaks, she exhibited increased talkativeness, racing thoughts, and disturbed sleep. These episodes were followed by periods of profound depression, marked by anhedonia, specifically regarding self-care and bonding with her infant; decreased energy; and hopelessness. Notably, she discontinued breastfeeding during such episodes. It was also associated with the belief that her neighbors were constantly watching her. She also complained of seeing distorted faces when looking at normal faces that were making neutral expressions and

perceived them as if they were mocking her. She gave no history of grandiose ideas, decreased need for sleep, hallucinations, abnormal body movements, suicidal ideas, homicidal ideation, recent head trauma, or infections.

Upon initial examination, she was alert and cooperative, and her vitals were stable. On mental status examination, she was modestly dressed, appeared fatigued, exhibited diminished self-care, and had a guarded posture. She was restless with increased psychomotor agitation. Ms. Z's speech was at a baseline volume; however, rapid, pressured speech was intermittent during periods of high emotional intensity. Her self-reported mood was 'nervous,' characterized by an inconsistent and fluctuating emotional baseline. Affect was labile and congruent with mood, shifting from a constricted state to overt tearfulness during the course of the evaluation. Thought process was mostly goal-directed with some tangentiality. She reported mild paranoid ideation that neighbors were watching, judging, and smirking at her. This was accompanied by repetitive ruminations centered around her illness and lack of self-confidence. Perception was marked by prosopometamorphopsic illusions, where she asked why the therapist was laughing at her during her second visit. Insight was partially present, with awareness of her psychological distress, but attributing it to external environmental causes. She was diagnosed with bipolar II disorder with a YMRS score of 16. Additionally, Ms. Z was diagnosed with prosopometamorphopsia. A brain MRI was ordered, showing a 6×5×4 mm hypoenhancement in the right pituitary gland suggestive of a pituitary microadenoma. She was referred to a neurologist for further evaluation.

Ms. Z denies any history of substance use or hospitalization before pregnancy. There is no significant past medical history. She was diagnosed with postpartum depression two weeks after her delivery and was treated with zuranolone, reporting mild improvement in her symptoms. She had a normal birth and developmental history. As a child, Ms. Z had an introverted temperament and had low self-confidence. Her history is significant for childhood physical and emotional abuse and a recent history of domestic violence. Family history is highly positive for mood disorders, including depression in her mother and bipolar disorder in both her father and sister.

Currently, Ms. Z is stable on intramuscular aripiprazole 720 mg/2.4 ml every two months; clonazepam 0.5 mg oral tablets once a day; lithium carbonate 450 mg extended-release oral tablets once a day; and olanzapine 5 mg oral tablets once a day.

## DISCUSSION

Prosopometamorphopsia, otherwise known as "demon face syndrome," is an incredibly uncommon disorder of visual perception that causes the face or facial features to be distorted.<sup>12,14</sup> Patients with the diagnosis have described faces as appearing significantly stretched, grooved, or

even melted “like clocks in a Dalí painting”.<sup>12,17</sup> Root causes of prosopometamorphopsia tend to be stroke and epilepsy, but brain tumors, although less frequently diagnosed, are equally culpable.<sup>13</sup> The presentation of prosopometamorphopsia can lead clinicians to diagnose patients, especially those who have well-established psychopathologies, with a psychotic disorder or psychotic features.<sup>13,18</sup>

It is imperative to note that the condition is *not* classified as a hallucinatory disorder.<sup>13</sup> Rather, it is a perceptual disorder under the umbrella of Alice in Wonderland syndromes.<sup>19</sup> The overall mechanism and biological correlates of prosopometamorphopsia are still unclear, but the visual distortions point to an imbalance in the brain’s face-gestalt network responsible for perceiving faces of others.<sup>19</sup> Prosopometamorphopsia has been reported in patients with schizophrenia and other psychotic disorders, but it still should not be considered a disorder or a contributor to hallucinations.<sup>15,19</sup>

For Ms. Z, her bipolar II disorder and the onset of her perinatal (eventually postpartum) mood disturbances preceded her perceptual symptoms, but the chronology of events does not indicate that her prosopometamorphopsia is attributed to only affective instability. It is unclear if her pituitary adenoma is compressing the optic nerve and/or chiasm, and the onset and functionality of her tumor are unknown. However, pituitary adenomas causing visual perception issues have been documented in medical literature.<sup>21-23</sup> The common presentations of pituitary adenomas are 1. nonfunctional pituitary adenomas that are generally undetectable on tests for hormones, and 2. functional tumors that secrete excess hormones such as prolactin, a hormone responsible for milk production and breast enlargement during pregnancy.<sup>23,24</sup> Prolactin elevation happens to be one of the targeted therapeutic effects of some antipsychotics.<sup>22</sup> Interactions between pituitary adenoma (especially prolactinoma), antipsychotic treatment, and pregnancy would likely contribute to the severity of her mood instability and possibly her prosopometamorphopsia. However, there is not enough information about prosopometamorphopsia to definitively link Ms. Z’s medical and psychiatric problems to her adenoma. Depending on the results of a biopsy, Ms. Z’s treatment plan may suggest undergoing neurological surgery or beginning a medication regimen that addresses both her bipolar II disorder and tumor regulation.

## CONCLUSION

Ms. Z’s family and personal psychiatric history implicated neither the presence of a pituitary adenoma nor a risk for prosopometamorphopsia. However, two family members have also been diagnosed with bipolar disorder, which may explain the rationale behind classifying her visual issues as hallucinations related to her bipolar II diagnosis. A comprehensive medical examination, careful review of symptoms, and consideration of all possible origins of disorders are critical to correctly diagnosing and treating

patients; Ms. Z’s case is a prime example of this idea. Indeed, prosopometamorphopsia is an extremely rare condition that has sometimes been linked to psychotic or mood disorders, but its unique nature as a perceptual disorder of vision distinguishes it from hallucinations. Future studies should analyze the relationships among perinatal/postpartum affective instability, pituitary tumors, and prosopometamorphopsia so that such cases can be treated quickly and completely.

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