

Before Attributing Catatonia to Autism with Anxiety, All Other Causes should be Carefully Excluded, Especially in a Patient with Meningioma

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DEAR EDITOR

We recently read an interesting case report in your Journal about the complete disappearance of catatonia after a single intravenous lorazepam challenge test in a patient with autistic features and a small meningioma.¹ We would like to congratulate the authors but also point out some weaknesses of the article.

We have already seen several cases of organic catatonia,² and we noticed the authors did not cite the latest evidence-based consensus guidelines for the treatment of catatonia.³ Therefore, we wonder if the patient diagnosed with a first episode of psychosis with autism features and anxiety-related catatonia had any changes in electroencephalography or lumbar puncture before treatment to rule out epilepsy⁴ or encephalitis, for example.⁵

Did the brain magnetic resonance imaging (MRI) with contrast also show signs of encephalitis in addition to the meningioma? How many patients worldwide are diagnosed with pseudopsychiatric catatonia without a neuropsychiatric disorder being completely ruled out?

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STATEMENT OF ETHICAL CONSIDERATIONS

None.

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