MICRO LABS SYNAPSE

Interesting cases PSYCHIATRY

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Dear Doctor,

Greetings from Micro Labs Limited.

We are happy to bring you the "PSYCHIATRY Case series", which contains the latest and most interesting cases in the field of Psychiatry.

This issue contains

1. Improper Treatment of Normal Grief: Iatrogenic Induced Hypotension
2. Hashimoto's encephalopathy and mutism
3. Algoneurodystrophy in a Patient with Major Depressive Disorder

Should you require any specific article or medical information, please feel free to contact us at medicalservices@microlabs.in

Looking forward to your valuable feedback

Best Regards,

Medical Team,

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Improper Treatment of Normal Grief: Iatrogenic Induced Hypotension

Background:

A male patient presented symptoms of dizziness, lightheadedness and fatigue. Physical examination revealed that his blood pressure was recorded at 88/57. On taking a history, it was revealed that the subject was on 900mg/day of gabapentin, 200mg/day of metoprolol and 20 mg of lisinopril which was prescribed to him for prior symptoms of chest pain, intermittent tachycardia, and widespread pain.

The man had lost both of his children with one chid drowning in the river and the other child passing away from secondary pneumonia after contracting measles.

In the weeks following the loss of his second child he experienced the symptoms full body pain along with feelings of chest pressure when he would think of his children. After starting the three-drug regimen of gabapentin, metoprolol, and lisinopril subject reported his symptoms of pain and tachycardia were reduced. Side effects of the drug were making him difficult to complete his daily activities.

All the medications were stopped with resolution of his symptoms in the following weeks, suspecting that the man's original symptoms stemmed from a normal grief response. Later that month he reported resolution of all symptoms including lightheadedness, dizziness, fatigue, chest pain, generalized pain, and intermittent tachycardia.

Conclusion:

Feelings of grief that diminish within 6 months of loss and present with preservation of the patient's ability to function in daily life is referred to as normal grief. This does not normally require pharmacologic treatment, and such treatment can lead to unnecessary hardship for subjects.

Reference:

Robinson KE. Iatrogenic Hypotension Induced by the Improper Treatment of Normal Grief. Case Reports in Psychiatry. 2021 Apr 14;2021.

Hashimoto's encephalopathy and mutism

Case study:

A 10-year-old boy presented with a 2-month history of fatigue and progressively reduced speech output at school. A preceding history of fever and photosensitivity (erythema over sun-exposed parts) for 3 days was reported. At home, he would often become mute, more so in front of any stranger. This was corroborated by video clips provided by the family members.

In the previous 2 weeks, he also had developed gait difficulties, that is, motor weakness of the bilateral lower limbs. Therefore, he would sit in a place and watch television for a whole day without attending school. His food intake also came down; mainly he took fluids/liquid food for the past 1.5 months but denied any difficulties while swallowing.

Selective mutism in a child usually presents around the age of 5 years, characterised by a refusal to speak in particular settings.

During hospital admission for 1 month, he continued to show mutism; that is, in front of hospital staff, he would not speak, not even look straight, but he would talk with his parents using very minimal words. The psychiatry team made a provisional diagnosis of selective mutism based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, although this was an atypical age of presentation. Even though there was a significant reduction in his overall speech output, there was a level of selectivity in that. Neurological examination revealed exaggerated deep tendon jerks. Cognitive function examination was not possible to do as he was not speaking with the resident, but according to his parents, he was not showing any confused or disoriented behaviour.

The retrospective assessment of neurodevelopmental and scholastic performance prior to the illness onset was within normal limits. Blood investigations including blood sugar, liver function test, renal function test and serum electrolytes were within normal limits. Serum tri-iodothyronine (T3) was low (12.2 ng/dL, ref value 100–200 ng/dL), but thyroxine and thyroid-stimulating hormone were normal. Parathyroid hormone was low (4.5 pg/mL, ref value 10–55 pg/mL), but serum calcium was normal. MRI brain with a screening of spine was normal. Electroencephalography (EEG) and ECG were within normal limits. HIV, venereal disease research laboratory test, cerebrospinal fluid analyses, gram stain and staining for acid-fast bacilli, peripheral smear and antinuclear antibody profile were within normal limits. The only positive test was antithyroid peroxidase (anti-TPO) with high titre (113.5 IU/mL). Suspecting autoimmune/Hashimoto's encephalitis, he was started on empirical therapy of 12 gimmunoglobulin intravenous (IVIG) infusion by a neurologist every day for 5 days.

After 1 week, the patient was more talkative, responded to the comment, started walking slowly, attended self-need and had good eye contact with the ward staff. He was referred to physical medicine and rehabilitation for physiotherapy. The patient resumed school after 6 months. He was followed up for the subsequent 2 years. He was capable of coming to consultation alone and was doing well with the help of physical and psychiatric home-based rehabilitation that included motivational exercise and positive self-talk, speech training, social skills training, anxiety management, and coping skills training, graded exposure, and relaxation techniques.

Discussion:

Mutism can present in functional psychiatric disorder; however, it is extremely important to perform a thorough physical and systemic examination to rule out organic causes for mutism. In

the case of psychiatric disorder, mutism is often a gradual onset during preschool age. It is commonly linked with social phobia, autism or other neurodevelopmental disorders. In selective mutism, children often face the dilemma of whether they should speak or not; eventually, they get adapted to certain kinds of stimulus.

Reference:

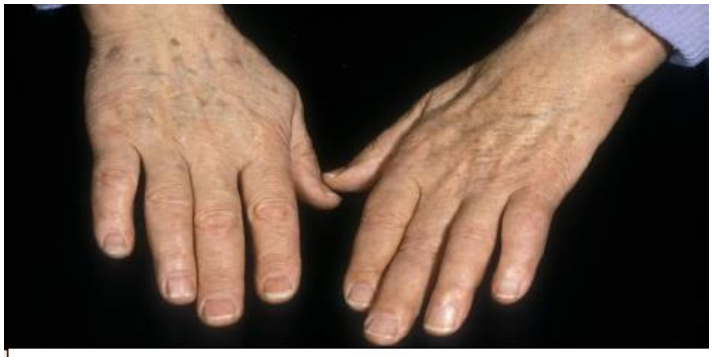
Das S, Reddy B.Hashimoto's encephalopathy presented with mutism: a case report. General Psychiatry 2021;34:e100502.

Algoneurodystrophy in a Patient with Major Depressive Disorder

Background:

Algoneurodystrophy or type I complex regional pain syndrome is a rare and underdiagnosed clinical disorder. It is a form of chronic pain that usually affects an arm or a leg, and its cause is not clearly understood.

A 45-year-old female presented with a history of major depressive disorder. She was prescribed with venlafaxine 75mg, mirtazapine 30mg, lorazepam 1 mg, and quetiapine 100 mg. The subject had no other pathologies.



Hands of a patient with algoneurodystrophy, a condition that can cause swelling, extreme pain and reduced range of motion in the extremities

The subject went to the emergency department with a condition which was characterized by depressed mood, anhedonia, clinophilia. She reported decreased strength in the right upper limb for two weeks. The subject also reported that she had an episode of syncope and fall, and after that event she developed decreased strength in the right upper limb.

Autism Diagnostic Interview—Revised(ADI-R) and Autism Diagnostic Observation Schedule (ADOS) measures of the adolescents with ASD. Hands of a patient with algoneurodystrophy, a condition that can cause swelling, extreme pain and reduced range of motion in the extremities

The occurrence of head trauma after the fall was denied by the patient. Physical examination and neurological examination was performed, which was unremarkable. Examination of mental status revealed that the patient had a depressed mood, without other changes. Brain CT scan showed no changes. The subject was discharged from the emergency room with a diagnosis of major depressive disorder and therapeutic adjustment was made by increasing the dose of venlafaxine to 150 mg per day.

A few days later she had the same complaints of decreased strength in the right upper limb, without any clinical improvement. Physical examination was unremarkable. Neurological

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examination showed decreased sensitivity and pseudoparalysis of the right upper limb. Complementary diagnostic tests did not show alterations, namely, complete blood count, biochemistry with an assessment of renal function, liver parameters, sedimentation speed, and C-reactive protein. The subject was diagnosed as conversion disorder and was discharged from the hospital and was instructed to maintain the usual therapy.

The clinical condition worsened, a week later, without an identifiable precipitating event, and the subject went again to the emergency department. Pseudoparalysis of the right upper limb, intense pain, redness, swelling, and functional impairment was observed. She did not present clinical or radiologic evidence of fracture or dislocation of the right upper limb. X-ray showed signs of bone demineralization and the CT scan of the cervical spine was normal. The probable diagnosis of algoneurodystrophy was placed taking into account the clinical presentation. The subject was started with rehabilitation treatment as well as treatment with ibuprofen 1800 mg at 2400 mg/day. The clinical evolution was favorable, with progressive functional recovery.

Discussion:

The exact pathophysiological mechanisms of algoneurodystrophy are still unknown. The proposed pathophysiology is based on the creation of an anomalous reflex nervous arch, which spreads from the periphery to the cerebral cortex with subsequent efferent transmission to the spinal cord. In the case of this patient, at the beginning it was not easy to diagnose the pathology since the patient only presented complaints of decreased strength in the right upper limb, concomitantly with depressive symptoms. Several complementary diagnostic tests was performed that did not reveal changes, in laboratory tests, a CT scan of the brain, and a CT scan of the cervical spine. However, the subject showed signs of demineralization of the bone in the radiography. Early diagnosis and multidisciplinary treatment are essential to avoid evolution to chronicity.

Conclusion:

This case study highlights the importance of conducting a careful medical history in a subject with a psychiatric illness, so as not to exclude the presence of an organic disease. Negative consequences can arise when a subject with algoneurodystrophy is not diagnosed and instead is wrongly attributed to a psychiatric pathology.

Reference:

Henriques V, Henriques S. Algoneurodystrophy in a Patient with Major Depressive Disorder. Case Reports in Psychiatry. 2021 Oct 9;2021.