MICRO LABS SYNAPSE

Vol 4|Issue 15|2023

Interesting Cases PSYCHIATRY

Psychiatric Case Series

Vol 4 | Issue 15 |2023

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. **A case report of Conradi-Hunerman-Happle syndrome and obsessive-compulsive disorder.**
2. **A Case Report of Giant Cell Arteritis Associated with Mania, Psychosis, and Cognitive Impairment**
3. **A case report of a professional rescuer who had nonfatal drowning and post-traumatic stress disorder without neurologic morbidities.**
4. **The Importance of Differential Diagnosis in Elderly Patients with Depression x Dementia with Lewy Bodies.**

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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1. A case report of Conradi-Hunerman-Happle syndrome and obsessive-compulsive disorder.

Introduction:

Obsessive-compulsive disorder (OCD), one of the most debilitating psychiatric conditions, is characterized by distressing thoughts and repetitive actions that are disruptive, time-consuming, and difficult to regulate. [1] OCD characterized by intrusive, uncontrollable, and recurring thoughts and/or ritualistic behaviors. Conradi-Hünerman-Happle Syndrome (CHHS) is an X-linked dominant hereditary variation of chondrodysplasia punctata, a heterogeneous group of rare bone dysplasias characterized by punctate epiphyseal calcifications of unknown etiology and pathology.[2] Here is a case report of a 12-year-old female patient with CHHS who comes to psychiatric consultation since her OCD clinical picture has worsened.

The investigation of the psychiatric symptoms eventually linked to Conradi- Hünermann -Happle syndrome is challenging due to its low incidence

Case Presentation:

A 12-year-old female patient with Obsessive-Compulsive Disorder who had previously been diagnosed with Conradi-Hünermann-Happle syndrome through clinical presentation and genetic testing was described in the clinical case. She was referred to a psychiatry consultation due to the worsening of her psychopathological condition. The onset of the Covid-19 pandemic coincided with the patient's condition, which was marked by repetitive habits that had gradually started to limit her functionality. She began by slowly repeating particular word combinations; the most frequent and current repetition was the short phrase "do not think." Afterwards, she began to have disturbing thoughts, generally concerning tragedies and illnesses affecting her family members. The patient claimed that if she used the phrase "do not think" a predetermined number of times, nothing unfavorable would occur to her family, reducing the tension and suffering brought on by the intrusive idea. In addition, the patient says that even though she is aware of having these thoughts, they are egodystonic in nature, invasive, persistent, and extremely uncomfortable. Along with these thoughts, she also expresses the desire to regularly wash her hands out of fears of getting sick and becoming contaminated, especially in the midst of the Covid- 19 pandemic outbreak, but she also expresses a strong concern of infecting others. She stays away from touching certain things, and when she does, she constantly washes her hands until she feels clean. Due to apparent repeated contact with detergents and friction, the patient's hands are thin, glossy, and erythematous when they are observed. She says she attempts to stop doing these things, but it doesn't work. A basic motor tic in the form of a blink that has been observed from around the age of 4 and has shown a pattern of changing intensity over time is also remarkable. The patient's quality of life and leisure time have been impacted by the obsessive-compulsive (OC) rituals, but they haven't yet had an impact on her academic achievement, Formal testing was not done because Conradi-Hünermann-Happle syndrome's effects on intelligence and cognitive ability have

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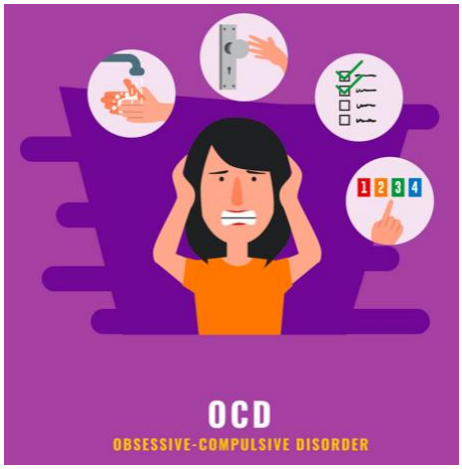
not been documented. In light of the situation and the patient's obvious distress and anxiety, it was decided to begin psychopharmacological treatment with Sertraline 100 mg in a titrated dose. Retrospective evaluation of the clinical impact of the introduction of sertraline, including assessment of patient report and prior clinical presentation. It was shown to have produced benefits in terms of symptom severity and frequency translated through less ritualized hand-washing. It was assessed to have produced a good but partial response in achieving symptomatic control. With the potential to provide supplementary control of motor tics, the inclusion of pimozide 1 mg id in a potentiation strategy was investigated but ultimately not used. In addition to the clinical picture already mentioned, she also exhibits a low nasal bridge, a flat face, a down-slanting space between the eyelids, abnormal skin redness, flaky skin, cataracts, and severe lumbar kyphosis with generalized joint pain, which resulted in the Orthopedic indications for the prohibition of sports activities. The Conradi-Hünermann-Happle syndrome presents a reason for these alterations. The patient is not aware of any additional medical issues. In accordance with a periodicity that varied from 60 to 90 days depending on the clinical picture, the patient was followed up with on a regular basis in consultation. A psychiatrist in charge of the OCD ambulatory regime conducted a methodical evaluation of the patient's clinical state. Following the treatment, the patient's response was usually good and consistent with the anticipated pattern of response to OCD's typical clinical manifestations. However, only a few symptoms persisted, but with less intensity including intermittent motor tics that disappeared after taking low doses of risperidone and obsessions, The patient's OC symptoms and motor tics are no longer present, and overall health is good.



Discussion:

In-depth descriptions of the co-occurrence of serious psychiatric disorders with physical medical conditions can be found in the literature.[3] This scenario enables the speculative consideration of potential shared etiological mechanisms that demand additional research and analysis. The scarcity of research on the pathogenesis of CHHS, as a result of the syndrome's rarity, should be kept in mind when discussing potential contributing to the pathogenesis of both of these disorders. On the other hand, a growing body of research suggests that a number of mechanisms have a role in the etiology of OCD.[2]

Conclusion:

This case enables the speculative consideration of potential shared etiological mechanisms that demand additional research and analysis. The scarcity of research on the pathogenesis of CHHS, as a result of the syndrome's rarity, should be kept in mind when discussing potential contributing to the pathogenesis of both of these disorders. On the other hand, a growing body of research suggests that a number of mechanisms have a role in the aetiology of OCD.

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2. A Case Report of Giant Cell Arteritis Associated with Mania, Psychosis, and Cognitive Impairment.

Introduction:

Giant Cell Arteritis (GCA), also known as Horton's Arteritis, is a chronic vasculitis of the large and medium blood vessels that mostly affects the extracranial carotid arteries, particularly the temporal artery, as well as the axillary, femoral, and iliac arteries. The clinical symptoms of the condition are brought on by luminal blockage and tissue ischemia, which are caused by inflammatory changes in the arterial wall.[1] Vascular inflammation may cause the lumen of the artery to narrow, and an acute obstruction may cause stroke and visual loss. Headache, fever, and jaw claudication are some of the traditional symptoms. Nonetheless, uncommon manifestations are becoming more commonly known.[2] Here is a case report of a 70-year-old woman who developed fluctuating manic symptoms, confusion, headache, and musculoskeletal pain after being diagnosed with GCA.

The most frequent form of systemic vasculitis in adults under 50 years is GCA. It can exhibit both psychiatric and physical symptoms, such as mania, psychosis, cognitive issues, and visual hallucinations.

Case Presentation:

A 70-year-old woman was urgently brought to the Department of Acute Psychiatry with a one-week history of fluctuating, polymorphic, and symptoms of affective disorders, including irritability, altered mood, motor agitation, pressured speech, and lack of understanding and care. The patient had recurrent sleeplessness, anorexia, and constipation four to three weeks before to presentation. Two to three weeks prior to presentation, she had become stiffer and more unstable in her gait. Her psychiatric state worsened on the day she was admitted to the Department of Psychiatry. The patient had a confused appearance, poor working memory, and rambling, rapid speech. In her third decade of life, the patient experienced one episode of hallucination, and in her fifth decade of life, she experienced two depression episodes. She received treatment for her depression with mirtazapine and psychotherapy, which caused her depressed symptoms to gradually go away. Her clinical picture of quickly evolving, polymorphous, variable mental and cognitive symptoms led the Department of Psychiatry to immediately assume an organic explanation for her manic episodes. There, she received treatment using a combination of mood stabilisers, benzodiazepines, and hypnotics. During the course of a few days, her mental symptoms progressively became better, enabling her transfer to the general ward. She was readmitted, and four days later, she got a fever. While she did not

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report any urinary symptoms, she was given antibiotics (pivmecillinam) because the findings of the on-site urine stick test for nitrates were positive. The inflammatory indicators were persistently high in the general ward; CRP stayed at 50 mg/L and ferritin at 420 g/L. as a result of reports of back discomfort and steadily rising inflammatory indicators. Also, the patient had stiffness, which raised the possibility of polymyalgia rheumatica, and an erythrocyte sedimentation rate (ESR) test was performed. The ESR was raised. The clinical suspicion of a cancer, infection, or rheumatic illness was enhanced by the high ESR in addition to elevated infection markers and liver enzymes. A CT scan of the chest, abdomen, and pelvis was ordered because of the patient's high ESR, elevated liver enzymes, and suspected densification on the left lung. The scans showed a somewhat thickened aorta wall with contrast enhancement.

Normal blood test	Normal range	Deviating blood test	Normal range
Haemoglobin 12.7 g/dL	11.7–15.3 g/dL	↑ Leucocytes 11.6 × 10^9/L	4.1 – 9.8 × 10^9/L
		↑ Thrombocytes 764 × 10^9/L	164–370 10^9/L
Folate 10 nmol/L	7–29 nmol/L	↑ C-reactive protein (CRP) 107 mg/L ↑ Albumin 46 g/L	0–5 mg/L 34-45 g/L
International normalized ratio (INR) 1.0	0-8–1.2	↑ Ferritin 433 μg/L	20–167 μg/L
Troponin-T 11 ng/L	0–14 ng/l	↑ Alkaline phosphatase (ALP) 147 U/L	35–105 U/L
NT-proBNP 152 ng/L	0–301 ng/L	↑ Alanine transaminase (ALAT) 50 U/L	10–45 U/L
Glucose, nonfasting 7.4 mmol/L	4–7.8 mmol/L	↑ Gamma-glutamyl transferase (GT) 150 U/L	10–75 U/L
Thyroid-stimulating hormone (TSH) 0.70 mIE/L	0.24–3.78 mIE/L		
Free thyroxine (FT4) 18.8 pmol/L	11.6–19.1 pmol/L		
Ethanol < 2.2 mmol/L	<2.2 mmol/L		

NT-proBNP: N-terminal pro-B-type natriuretic peptide.

Initial laboratory test results.

Moreover, the left subclavian artery and abdomen aorta had similar alterations. She received a left unilateral temporal artery biopsy in three days while under local anaesthesia, and the results showed that she had a persistent granulomatous inflammation with multinucleated giant cells, lymphocytes, and macrophages gathered at the level of the temporal artery. The presence of internal elastic lamina and intimal hyperplasia supports the diagnosis of GCA. She had been complaining of intermittent headaches, back, neck, and shoulder pain for the previous four weeks. Moreover, she had prominent temporal arteries on both sides, although a clinical examination revealed no signs of pain. The initial medical prescription comprised benzodiazepines, hypnotics, and mood-stabilizing drugs. Also, she took laxatives (lactulose 20 mL) for constipation as well as antibiotics for a possible urinary tract infection. On the basis of computed tomography (CT) results and a temporal artery biopsy, the diagnosis of GCA was made three weeks after readmission. The use of medication was immediately recommended. She was given oral prednisolone 60 mg/day, pantoprazole 20 mg/day as a preventative for steroid-induced stomach ulcers, and steroid-induced osteoporosis (calcium and vitamin D).. Mania, psychosis, and cognitive abnormalities are among the adverse effects of steroids that are well-known. As a result, the patient's cognitive, manic, and psychotic symptoms worsened right away after starting corticosteroid therapy. She even started to experience hallucinations and illusions. In order to manage her symptoms, the dosage of valproate was gradually increased to a maximum of 1800 mg per day. The inflammatory indicators steadily decreased once corticosteroids were started. During 48 hours, the CRP levels dropped from 66 mg/L to 37 mg/L, and they returned to normal after seven days. ESR dropped to 30 mm/h in the first week of therapy before returning to normal after four weeks. Clinical improvements in stiffness, headache, neck pain, and back pain paralleled

the changes in inflammatory markers. The patient's manic and psychotic symptoms significantly diminished after eight weeks of gradually lowering the corticosteroid dosage. Four to five months after starting treatment, she fully recovered from all psychiatric symptoms.

Discussion:

Researchers describe a case with an unusual GCA manifestation that mainly exhibited manic, psychotic, and cognitive symptoms. Closer examination revealed the patient's physical complaints, including varying myalgia, jaw claudication, headache, and stiffness. Somatic symptoms gradually became better after receiving corticosteroid treatment. The cornerstone of GCA treatment, which aims to decrease GCA activity linked to the immune system, is glucocorticoids.[2] Generally, glucocorticoid therapy needs to be continued for at least two years. Those individuals who have already experienced or are more likely to have glucocorticoid adverse effects should get adjunctive immunosuppressive treatment. Contrasting the use of adjunctive therapy with potential treatment-related risks is important.[3]

Conclusion:

Manic symptoms were temporarily exacerbated by corticosteroids, but they subsided after 3 to 4 weeks of continuous therapy, showing that they were almost certainly caused by GCA. Researchers are aware of no previous reports or publications of the patient's clinical manifestations or clinical history. GCA should thus be taken into consideration in cases of atypical, new-onset mental diseases in the elderly. GCA may be an underdiagnosed condition in psychiatric populations.

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3. A case report of a professional rescuer who had nonfatal drowning and post-traumatic stress disorder without neurologic morbidities.

Introduction:

A psychiatric condition known as post-traumatic stress disorder (PTSD) affects people who have gone through traumatic events that have influenced their lives. These patients' regular functioning is interfered with by the PTSD symptoms they experience, which include severe anxiety, flashbacks, and hyperarousal.[1] Those who

Neurological and neuropsychiatric morbidity should be taken into consideration throughout the examination and both short- and long-term care of drowning victims.

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have survived severe, life-threatening experiences have been described as having psychological aftereffects, such as Post-Traumatic Stress Disorder (PTSD). While drowning may be a horrific and usually fatal experience, the research on nonfatal drowning survivors has widely overlooked the potential psychological aftereffects in this population.[2] The case of a career firefighter who had significant psychological consequences following his nonfatal drowning is presented here.

Case Presentation:

The patient is a middle-aged man who escaped death by drowning during a normal training practice for ice diving at a frozen community pond. He has extensive training in the water, including combat diving, swift water rescue, ice diving, and rescue diving. The patient became unconscious underwater due to an equipment malfunction and was found by the surface safety crew. He was cyanotic, pulseless, and apneic when he surfaced. The patient's pulse and breathing started to recover on their own after 12 to 15 rescue breaths and multiple chest compressions. He was sent to the emergency department for observation, and after being kept there for a while and being cleared of any respiratory or neurological issues, he was sent home. While the patient was otherwise assessed to be in good health, he started to exhibit psychiatric symptoms quite quickly. His habit of nightmares and alcohol self-medication started the night before he drowned. He had signs of anxiety, heightened emotions, and utter devastation throughout the course of the next week. Also, he claimed to feel utterly alone and fear "losing [his] sanity." Two weeks after drowning, a general practitioner appointed by the state worker's compensation insurance fund diagnosed him with anxiety. His symptoms worsened, and a month later his own medical practitioner likewise determined that he had depression. Due to his disagreement with the general practitioner on the diagnosis and recommended course of treatment, he was given a prescription for paroxetine hydrochloride but never took it. As the months went on, he revealed to a subordinate and a fellow diving captain that he was experiencing "severe" emotional instability, crying uncontrollably, intense rage, hopelessness, and loneliness. Without apparent cause, mood swings and emotional instability arose. His inability to make decisions, even the simplest ones like what kind of tea to choose at the grocery store, was one of his main concerns. In contrast to his military and firefighter background, where he often supervised personnel at emergency scenes, this frequently left him feeling utterly overwhelmed and unable to perform.

Discussion:

This is the first case study that takes into account the fact that the patient was a professional rescuer at the time of the incident and examines the impact of neuropsychiatric morbidity in a non-fatal drowning survivor. He survived drowning with no physical or neurological morbidities, but he did have neuropsychiatric morbidities such as anxiety, depression, and PTSD, the latter of which was only identified after a delay of many years.[2] While examining several disaster-related research, it was shown that the prevalence of PTSD varied according to the victim's age, the time of the intervention,

previous experiences before the traumatic events, and the clinician who conducted the evaluation.[3]

Conclusion:

While addressing the aftereffects of nonfatal drowning occurrences, researchers, academics, and practitioners would be advised to take psychiatric symptomatology into consideration. Further study is required to determine the incidence and prevalence of mental illness in this group and to define it. Similarly, after nonfatal drowning, medical evaluations and long-term treatment should include a mental component.

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4. The Importance of Differential Diagnosis in Elderly Patients with Depression x Dementia with Lewy Bodies

Introduction:

Lewy body dementia (DLB) is a prevalent type of neurodegenerative dementia that affects older adults, yet it is still mostly underdiagnosed. The synaptic protein alpha-synuclein (-syn), which forms Lewy bodies and Lewy neurites, is progressively accumulated and aggregated in the brainstem, limbic, and neocortical regions, which is indicative of DLB.[1]Progressive cognitive deterioration is a hallmark of DLB, which often often includes parkinsonism, cognitive erratic behaviour, and visual hallucinations. Clinical signs of Parkinsonism, including stiffness, tremor, bradykinesia, and slurred speech, variation in cognitive abilities, and recurring, well-formed, detailed visual hallucinations are all observed. [2]Researchers describe a case of LBD in a 73-year-old retired teacher who had been given the incorrect first diagnosis of refractory depression for at least three years.

Detailed medical investigation, including differential diagnosis is necessary in LBD, especially if they are referred to be refractory cases.

Case Presentation:

The 73-year-old patient is a retired teacher. His wife had applied for a Social Security disability pension on his account, but the benefit was rejected when the psychiatric examiner diagnosed him with "severe depression." Early in 2015, the patient reportedly started complaining about "forgetfulness," according to his wife. Even in front of the people the couple had invited, she observed "weird things," including "sleep attacks." During three years, the "forgetfulness" was rather minor. But starting in 2018, it became apparent that Patient's cognitive abilities were deteriorating further..The memory

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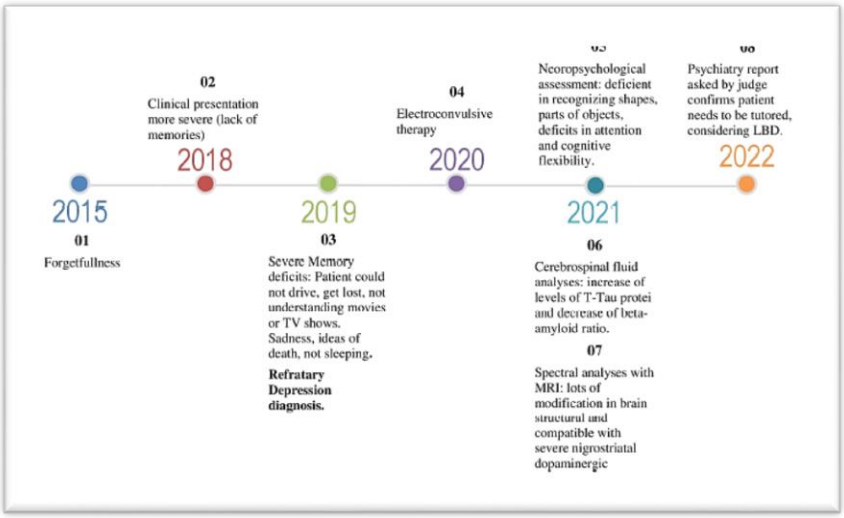
problems worsened in 2020. He once tried to start his automobile but couldn't find the accelerator pedal.

He asked for directions when he couldn't find his son's house in the same year, despite the fact that the area was well-known to him. he no longer able to comprehend television programmes or movies. He lamented his sadness, pain, death-related thoughts, and lack of sleep throughout the night. The patient has been seen by several psychiatrists over the past five years, who have diagnosed him with resistant depression and treated him with a variety of antidepressants. Patient had electroconvulsive treatment at the start of 2021, but only experienced slight improvement. Cognitive issues, such as forgetting people's names, dates, and events, and frequent loss of possessions, coexisted with the patient's despair. He made up memories, such as attending a certain musical performance that never actually happened. Also, claimed to have seen "dead people and butterflies." There have been reports of episodes when parkinsonism worsened after antipsychotic drugs like quetiapine were prescribed. He fell to the ground multiple times while walking or standing.. Patient had deficiencies in inhibitory control, linguistic fluency, planning and monitoring activities, attention, cognitive flexibility, and capacity to plan and monitor tasks. Additional findings included the impairment of learning new material following prior exposure to new content, as well as the inability to name figures, articulate the meaning of words, and name figures. Increased levels of T-Tau protein and lower levels of the beta-amyloid ratio (AB42/AB40) were found in the cerebrospinal fluid study of neurodegenerative biomarkers. In the posterior edges of the ventricular bodies, ischemic gliosis foci were seen on nuclear magnetic resonance imaging (MRI) of the skull. Type 4 hydrocephalus is characterised together with dilated supratentorial ventricles. Although a decrease in AB42/AB40 is unlikely to confirm Alzheimer's disease, an increase in T-tau protein often shows its existence. The thorough clinical history of this patient, together with the changes in imaging examinations, are more indicative of LBD. Single-photon emission tomography of the dopamine transporter (DAT) revealed a significantly decreased bilateral concentration of the radiotracer in the basal ganglia, a result that is consistent with severe nigrostriatal dopaminergic depletion. The patient was conscious and completely aware of time and space. He struggled to recall numerous important details, such as the year he retired or his wedding day. Par amnesias, or recollections of past events that don't match reality, have been reported. A 25/30 score on the Mini-mental state examination (MMSE) was obtained.. patient complained of “Depression, discouragement, forgetfulness, and bad thinking,". Poor quality thinking



was apparent in both the content and the flow of his thoughts. Even after using Rivastigmin for over a year, his wife said he was still affected. Olanzapine, Mirtazapine, Zolpidem, Pramipexole, and Alprazolam are additional medications he takes. She sees him as being more at calm, though his moods do occasionally fluctuate in unpredictable ways. His cognition abilities are presumably steady. On the other hand, his sleeping and conduct both have improved.

Discussion:

Overall, the patient's mental state examination, when complemented by ancillary tests, a neuropsychological assessment, and historical information, clearly suggests the existence of degenerative dementias like Alzheimer's dementia and LBD.[2] Several research projects have examined the neuropathological aspects of Alzheimer's disease. According to several theories, Lewy Bodies, plaques, tangles, and proteins may raise the risk of dementia. Compared to the typical alteration from Alzheimer's and other forms of dementia, LBD appears to impact people at earlier ages than the typical alteration from Alzheimer's and other forms of dementia.[3] In current study the patient experienced a number of LBD-related signs and symptoms, including visual hallucinations, susceptibility to antipsychotics, neuropsychiatric symptoms, parkinsonism, and behavioural sleep disturbance.[2]

Conclusion:

The current case serves as an example of how cognitive functioning, as well as the person's everyday life and social relationships, are severely impaired in a dementia associated with LBD. Studying the clinical, neurological, and psychopathological features of depression patients who also exhibit signs of degenerative dementias, such as LBD, might assist in clarifying the differential diagnosis between these pathologies.

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