

CLINICAL VIGNETTES

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Identification data: 27 yr old post graduate, lady from nuclear family of urban background

Date of examination: 22/03/16

Referred by Neurotologist

Acute onset, continuous course, precipitated by stressor

History of present illness: 2013 May acute onset of reeling inside head while turning head to 1 side, nausea - persisted for 7days - remained bed bound

- Reeling of head on turning sides would increase on trying to concentrate on an object - relieved within 5min
- 2014 - Episodes of slow fall either backward/ to the left - reduced responsiveness on falling - 2-3times over months- avoided going out, climbing stairs due to discomfort

- 2015 Dec - while hanging mosquito net slowly fell down on floor, moaning noise with clenched teeth, limbs remained loose – parents assisted her to the toilet as she pointed towards bathroom – duration 5mins – remained aware of surroundings
- Jan 2016 - Episodes of holocranial throbbing pain with sense of heat from head with swaying of body in different directions - increased with noise, relieved with rest –lasting for 6-24hrs almost daily
- Jan 2016 – pervasive persistent sadness, anhedonia, wish to die, ideas of hopelessness

Past History:

- From childhood - fear of lifts, driving car at 60Km/hr, driving over bumper
- Cannot tolerate sound of drums

Medical history: PCOD, Hypothyroidism

Family History: Only child

- Father- professor, dominating
- Mother – teacher, sensitive, over protective
- 2003 – 2010 – Stayed separate from father due to conflict between the couple

Personality: Rigid sense of right & wrong, perfectionist

- Avoids making friends for fear of criticism regarding looks
- Anxious
- Strong dislike towards men – avoided studying in college

General & Systemic Examination

- No significant abnormality

Mental State Examination

- **Affect:** Subjective – sad Objective – anxious, sad
Range of emotions restricted towards sadness
- **Thought:** preoccupied with symptoms, ideas of hopelessness, wish to die

Investigation:

- Vestibular function tests, MRI Brain & CV junction, EEG – WNL
- Echocardiography, 24hr Holter monitoring - WNL
- Blood counts, biochemistry, thyroid functions - WNL

Diagnosis:

Moderate depressive episode

Dissociative disorder

Specific / Agoraphobia

Anxious, anankastic PD

Treatment:

Pharmacological:

- Sertraline 100-125mg/d
- Tapering & stopping Clonazepam 0.5mg/d over 6weeks

Non Pharmacological

- Education, Relaxation exercises
- Psychotherapy – Ventilation, catharsis, challenging erroneous thoughts
- Graded increase in outdoor activities

Case Vignette: 2

Identification data: 40 year old, single male, businessman
from urban background

Date of examination: 22/9/17

Referred by Neurotologist

Acute onset continuous course, no apparent stressor

History of present illness: 3 months swaying sensation
(sidewise, front back, spinning) while standing/ sitting

- When he would get off a moving vehicle sense of swaying for few secs
- Avoided going outdoors out of fear of swaying, anxiety, palpitation - had to be coaxed to go outdoors
- Swaying sensation even on waking between sleep-decreased sleep
- Decreased interest in meeting/ talking to people

- Would repeatedly speak about illness & seek reassurance
- 6/9/17 Paroxetine 25 Etizolam 0.5mg/d - worsening of symptoms
- **Past History:** 12yrs ago recurrent urge for micturition with sense of incomplete evacuation, recurrent vomiting - became bed bound for 1 yr though no investigation revealed abnormalities - several psychiatry consultations taken - improved gradually with escitalopram 10 & Clonazepam 1.5mg/d - Clonazepam 1mg/d continued daily till date
- **Personality:** Religious, rigid
Anxious, fearful of becoming embarrassed before others
Sense of inferiority

General & Systemic Examination

- No significant abnormality

Mental State Examination

- Affect: Subjective & Objective - anxious
- Thought: preoccupied with swaying sensations, fearful of not being able to recover

Concentration focused on physical symptoms – difficult in attending to his work - would leave work incomplete & return home whenever symptoms occurred

Investigation

Vestibular fn test - Left utricular lesion - likely compensated

MRI Brain, CT scan of mastoid & temporal bone - WNL

EEG, NCV of all limbs - WNL

Diagnosis:

Somatoform disorder

Specific phobia

Treatment:

Pharmacological:

- Paroxetine 37.5mg/d
- Tapering & stopping Diazepam 15mg /d over 3 months

Non Pharmacological

- Education: about illness – emphasis on how anxiety & catastrophic thinking worsen balance given close proximity of neuralcircuitry
- Vestibular exercises & Relaxation exercises
- Graded increase in time spent outdoors & travelling by vehicles – initially with attendant & then alone

Case Vignette: 3

Identification data: 35yr old homemaker, graduate, extended family from urban background

Date of examination: 16/11/17

Referred by Neurologist & Neurotologist

Acute onset, episodic course, precipitated by stressor

History of present illness:

- 2014 – episodes of buckling of left leg, tendency to fall backwards prevented with difficulty, unsteadiness while walking lasting 1-2months initially once yearly till 2017
- Triggered by pain in head, physical stress, walking on unsteady surface
- Almost daily after July 2017 following ride on giant wheel
- 2015 – episodes of persistent tightness of forehead & pain in left ear with no nausea, vomiting, tinnitus lasting 2-3days 2-3 times / month – daily from Oct 2017

- Oct 2017 – Diff in walking, pain in head - daily
- 5th Nov 2017 onwards – episodes of pain on left side below ear followed by involuntary forward & backward movt of body lasting 6-7min - 5-6times/day every 3-4days
- Seen by several Neurologist, ENT specialist, Neurotologists. Repeated Psychiatry referral- ignored

- **Medical history:** Irritable Bowel syndrome diagnosed 6 yrs
- **Personality:** Introvert, anxious
- **Family history:** Cousin brother with child hood DM had imbalance problems, seizure - had been reared together

General & Systemic Examination

- No significant abnormality

Mental State Examination

- **Affect:** neither cheerful nor sad
- **Thought:** Concerned about illness
- Psychiatry referral implies episodes are voluntarily produced
- Symptoms started after IUD insertion following MTP - Guilt about her actions – symptoms punishment for her sin - anxiety about conceiving again gradually reduced after regular contraceptive use
- Marriage arranged against her wish – prevented from pursuing career in teaching - still wants to become a teacher after daughter goes to school in 2018
- Feared initially that she had developed illness like cousin

Investigations

MRI Brain, NCV of all 4 limbs, EEG. Vestibular function tests
WNL

Diagnosis

Dissociative disorder + Somatoform disorder

Treatment

Pharmacological:

- Sertraline 100mg/d
- Tapering & stopping Clonazepam 0.75mg/d over 2 months

Non Pharmacological

- Education: about illness – emphasis on how anxiety & catastrophic thinking worsen balance given close proximity of neural circuitry
- Anxiety as cause of various somatic symptoms explained
- Relaxation exercises
- Activity Schedule
- Psychotherapy