From webs to worries ; A complex case of refusal to eat food in middle aged woman

PRESENTER: Dr. Harika Peddesugari(2nd year PG)

MODERATOR: Dr. T V Pavan Kumar

Professor and HOD

Department of Psychiatry

CASE REPORT

- A 52-year-old married female, brought to psychiatry OPD by her husband with the complaints of:
  - Refusal to eat,
  - Smell coming from the surroundings and
  - Weight loss since 5 to 6 months.

- Known case of post cricoid web since the past 6 to 7 years, had undergone endoscopic dilatation at least 3 to 4 times, as treatment modality, the last being 5 months back.

CASE REPORT

- Refusal to eat- attributed to food getting stuck in the throat and eventually reduced the intake.

- This is associated with aversive to smell of surroundings since the last 1 and 1/2 years.

- Initially she used to accept solid food which is ground to paste, latter restricted to soft diet and off late, only taking liquid diet (one standard glass over one hour).

CASE REPORT

- During the past 5 to 6 months had lost around 10 kgs reaching to the current weight of 40kgs.

- Also started complaining a smell coming from the surroundings, initially only when she was outside and subsequently was reporting of getting smells from most of the inanimate objects or people around and started wearing masks to avoid.

CASE REPORT

- The smell as described by patient were exaggerated normal smells but felt distressing, and would also seek reassurance from her husband, thus not allowing him to go away from her (not clear why was she seeking reassurance from husband about the smells).

- Due to this complaint she restricted herself to home and did not allow even her husband to leave for prolonged periods.

PAST HISTORY

- Tuberculosis 10 years treated with 6 month course of ATT.
- No history of psychiatric illness, substance use or head injury.

FAMILY AND PERSONAL HISTORY

- No family history of psychiatric illness.

- Good premorbid personality and social functioning

PHYSICAL EXAMINATION

- General appearance: thin , emaciated ,ill kempt wearing mask(non covid period)
- Vitals: stable
- Respiratory: coarse crepitations in bilateral infrascapular regions.
- Other systems: no abnormalities detected clinically.

MENTAL STATUS EXAMINATION

- GAB: Thin and emaciated
- Psychomotor activity: decreased
- Speech: low tone and volume.
- Thought: preoccupation with smells.
- Perception: reported abnormal distressing smells (suggestive of olfactory hallucinations)
- Insight: partial
- Judgement: impaired

INVESTIGATIONS

- CBC: Iron deficiency anemia
- Chest x ray: old healed tuberculosis
- HRCT Chest: patchy ground glass opacities, suggestive of active infection
- Sputum : negative for AFB
- Gastroenterology opinion: difficulty in swallowing not due to cricoid web; likely functional

TREATMENT

- Started on risperidone syrup 2mg/day titrated to 6mg/day.
- Poor oral acceptance shifted to Modified electroconvulsive therapy.
- Six sessions of mECT administered along with Risperidone.
- Gradual improvement seen such as started eating paste-soft food-solids.

TREATMENT

- Pulmonary infection treated with IV antibiotic(monocef)and resolved.

DISCUSSION

- This case highlights the trend of presentation where there is an intermingling of physical and mental illness.

- During the initial presentation the focus was identifying the physical condition, which proved futile.

- Even though there was an active chest infection, its role in the clinical presentation was limited; it was rather an incidental finding which required an active intervention and it settled in due course.

DISCUSSION

- Based on the ongoing history of post cricoid webs with iron deficiency anaemia, we thought the plummer-winson syndrome could have created a psychological fear and lead to the aversion of food, but this still does not explain the whole picture.

- We then considered smell as a perceptual abnormality, which was limited by our understanding it as an olfactory hallucination, but proved to be useful.

DISCUSSION

- She was started on anti-psychotics and when we were constrained by the route of administration, modified ECT proved very effective in reducing the psycho-pathology.

- As patient started taking orally with a stable does of anti-psychotic medication, we felt that the patient represents a case of Olfactory reference syndrome with Plummer Winson syndrome with post infective pulmonary sequalae

CONCLUSION

- Throughout the treatment duration, it made us question ourselves ‘are we missing any organic pathology’, which led us to being cautious in our approach in the initial days.

- This helped us build the confidence and we diverted our focus towards targeting hallucinations..

CONCLUSION

- Another facet to the treatment was also the husband's concern, who was repeatedly questioning our approach; we gained his confidence only patient started eating after third session of mECT.

- At the time of discharge we were happy as a team to have identified and managed the complex riddle.

- Patient had come of two follow-ups since the discharge and was maintaining well with oral medications and eating solid foods.