

PSYCHOGENIC DIARRHEA: A CASE REPORT

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Abstract:

A 34 years old female with G4, P1, L1, and A2 with 34 weeks of gestation presented to us with the history of diarrhea for the past 15 days, initially she was having 10 to 15 episodes a day now reduce to 4 to 5 episodes per day. Treated by her gynecologist and Medical Gastroenterologist for the same with antibiotics I.V. fluids without any improvement. When presented to us patient was vitally stable without any signs of dehydration. When revisited the history she was psychologically not prepared for this pregnancy and didn't want to have this baby and was very anxious about her upcoming event of delivery. With her background of evaluation and treatment and present psychological status she was diagnosed to have Psychogenic Diarrhea. Psychiatric counseling done and was put on anti anxiety agents. She recovered.

Key words: pregnancy, Psychogenic Diarrhea, Anxiety, Antibiotics.

Introduction:

Psychogenic diarrhea is a rare entity commonly seen in pediatric age group but can also be seen rarely in adults as a part of anxiety of an upcoming big event¹. It should be a diagnosis of exclusion rather than the first diagnosis but should be kept in mind before subjecting the patient for the battery of investigations in patients with unstable psychological status².

Case Report:

A 34 year old lady, G4, P1, L1, A2 with 34 weeks of gestation presented to our hospital

with the history of diarrhea of 15 days duration, 15 to 20 episodes to start with and now reduced to 4 to 5 episodes a day. No history of nausea or vomiting or decreased urine output or fever or abdominal pain or any history of recent travel. She was seen by her gynecologist and treated with Intravenous fluids and antibiotics without any relief in her condition. She was also evaluated and treated by Medical gastroenterologists but no relief in her condition. During these consultations she had been investigated for all the possible

causes of diarrhea including serological studies and colonoscopy.

On arrival pt was anxious and oriented to time place and person.

No signs of dehydration, no cyanosis, no clubbing or lymphadenopathy.

Vitals: BP-137/90 mmHg, PR- 110bpm, RR-20 cpm, SPO2-95%RA, Temp-98.9 F, CBG-110mg/dl, CRT < 2 sec.

After going through her history and examination findings and investigation reports we couldn't diagnose the cause of her diarrhea. When we revisited the history with a psychological angle then she revealed that she is married for the past 5 years and has a 3 year old son who stays with her husband as they are separated for the past 3 years due to some differences between them. The present pregnancy is an unplanned one as she got pregnant during her patch up period with her husband. Initially she wanted to abort but the husband didn't allow her to do so. Now she is very anxious as they are nuclear family and husband is very uncooperative, thinking of her upcoming delivery is giving her sleepless nights. After listening to her history we diagnosed her to have Psychogenic Diarrhea (As most of the common causes of her diarrhea had been ruled out by her previous investigations). She and her husband were put on psychiatric counseling and she was started on antianxiety agents as well within 4 days she became asymptomatic her diarrhea settled and she was discharged home on 6th day of admission with an advice to complete the psychiatric counseling sessions.

Discussion:

Psychogenic diarrhea is a rare entity commonly seen in pediatric age group but can also be seen rarely in adults as a part of anxiety of an upcoming big event¹. It should be a diagnosis of exclusion rather than the first diagnosis but should be kept in mind

before subjecting the patient for the battery of investigations in patients with unstable psychological status². This 34 year old lady, G4, P1, L1, A2 with 34 weeks of gestation with the history of diarrhea of 15 days duration, evaluated and treated for all possible causes of diarrhea for a period of 15 days without any relief. After evaluating her for the possible etiology of Psychogenic Diarrhea, psychiatric counseling done for both the partners and she was treated with antianxiety agents. She recovered completely and discharged home.

Conclusion:

Psychogenic cause of diarrhea should also be kept in mind when evaluating the patients with diarrhea with unstable psychological status and where the history doesn't correlate with the presentation. This can reduce the burden of unnecessary investigations and treatment for both the patient and the physician.

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