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"Unraveling Psychogenic Vomiting With Hemoptysis In An Adolescent: A Case Report"

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Abstract:
This case report details the presentation, diagnosis, and management of psychogenic vomiting in a 13-year-old female, emphasizing the interplay of psychological factors and family dynamics. The patient presented to the Department of Respiratory Medicine with complaints of recurrent episodes of vomiting, which had a reddish color and were initially diagnosed as hemoptysis. However, after a thorough investigation, all organic and systemic causes were ruled out, and the patient's symptoms were attributed to anxiety and emotional stressors. Management included pharmacotherapy with Escitalopram and Clonazepam, as well as psychological interventions such as supportive psychotherapy and cognitive-behavioral therapy. The patient showed significant improvement in symptoms and quality of life, highlighting the necessity of a multidisciplinary approach in treating psychogenic vomiting.

Keywords: *Psychogenic vomiting, Hemoptysis, Adolescent mental health, Emotional stressors*

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I. Introduction:

Psychogenic vomiting is a functional disorder characterized by recurrent episodes of vomiting without an identifiable organic cause. It is often associated with psychological disturbances, including anxiety and depression. This case report explores the presentation, diagnosis, and management of psychogenic vomiting in a 13-year-old female. The following case aims to highlight the clinical features, diagnostic process, and therapeutic approach in managing a case of psychogenic vomiting in an adolescent, emphasizing the psychosomatic interplay and family dynamics.

II. Case Presentation:

A 13-year-old female, an 8th-grade student from a semi-urban town in central India, belonging to a middle socioeconomic background, was referred to Psychiatry by a gastroenterologist. She presented with complaints of recurrent episodes of vomiting with blood, school avoidance, poor food intake, weight loss, apprehension, disturbed sleep, low mood, and crying spells over the last year. Her episodes were initially triggered at school and later at home, non-bilious, and not associated with nausea, fever, or headache. The episodes would occur 3-4 times per month, requiring medical intervention, with no organic and systemic cause identified for them. Her fear of vomiting led to reduced food intake and significant weight loss. The symptoms were exacerbated during periods of parental conflict and decreased with family reconciliation. They would generally occur with anxiety symptoms, including stomach discomfort and palpitations, along with low mood and sleep disturbances. Presentation of blood in vomits was a cause of concern for her parents and thus, they decided to consult Gastroenterology. On presentation, a comprehensive medical and neurological workup, including endoscopy, USG abdomen, and MRI was done to understand the probable organic cause for the vomiting and blood. However, it revealed no abnormality. Though, her EEG showed epileptic discharges but, no clinical seizures. History of head trauma, seizures, and migraine-induced vomiting were also ruled out. Since no organic cause was found for her symptoms, the case was referred to Psychiatry where rapport was built with the patient, and a detailed case history. MSE was done along with ruling out other disorders such as obsessive symptoms, or body image issues, and during the process of the history taking the patient mentioned that she was bullied in school post which the episodes began occurring. She also admitted to adding red paint to her vomit to give the impression of blood to her parents. The patient did so because she could not share her concerns with her parents. Lacking an appropriate coping mechanism and perceived social support the patient began experiencing frequent episodes of vomiting when under a lot of distress. The patient was prescribed Escitalopram (5 mg BID), Clonazepam (0.25 mg HS),

and Sodium Valproate (200 mg BID) along with psychoeducation, supportive psychotherapy, and cognitive-behavioral therapy (CBT). The Department of Neurology was consulted due to the EEG findings which had epileptic discharges. Upon regular follow-ups, the patient showed marked improvement in symptoms after one month, including a reduction in vomiting episodes and anxiety. Her appetite and sleep normalized, and she resumed school activities without apprehension.

III. Discussion:

There are currently no recognized diagnostic criteria for psychogenic vomiting. According to the International Statistical Classification of Diseases- 10, vomiting related to other psychiatric disturbances falls under F50.5 (WHO 1992). While in the Diagnostic and Statistical Manual of Mental Disorder (DSM-5), is classified under F98.21-Rumination Syndrome without any psychiatric factors (APA, 2013), where it loses its connection to the psychological elements that are fundamental to the disorder's genesis. Additionally, depression with mixed anxiety, and depressive disorder have been linked to vomiting, particularly postprandial irregular vomiting (Muraoka,1990; Talley, 2007). Thus, making it difficult for clinicians to diagnose the condition that has shown higher prevalence in females (Zhao et al., 2010). In the prior literature that was accessible, psychogenic vomiting was primarily observed in younger age groups, both of which were also the case with our patient (Liao et al., 2011; Sax, 1997). Organicity, obsessive symptoms, and body image issues were also ruled out before reaching the diagnosis. The history of the patient and recent events in her life revealed that bullying by her classmates was a major source of stress for the patient and caused psychogenic vomiting. Additionally, she reported that she was unable to share her concerns with her parents as she believed that they wouldn't understand her problems and support her. The patient began experiencing psychogenic vomiting due to the continuous bullying at school and used this as an excuse to miss school. Initially, since the informants reported that she would also cough up blood in her vomit, it was suspected to be a case of hemoptysis. However, due to the inability to find an organic cause, the case was referred to the Department of Psychiatry, where through building a rapport with the adolescent it was elicited that she had been mixing red coloured paint in her vomit to give a false indication of blood. This further strengthened the belief of the parents that she was very ill and hence, she was allowed to miss school. While the episodes of vomiting were psychogenic, they also appeared to provide her with secondary gains of skipping school and hence, avoiding her bullies as well as getting attention from her parents. A case series by Sikand & Sharma (2019) on adolescents experiencing psychogenic vomiting also highlights the role of bullying in causing distress and hence, contributing to episodes of psychogenic vomiting. It also mentions secondary gains like missing school and getting increased attention from parents as is the case with the current patient. Other studies show a growing trend in adolescent health is student stress, particularly in Asian nations where more girls report feeling under pressure to perform well academically, experiencing stress from academic goals, and fear of failing leading to psychogenic vomiting, which was not the case with the present patient (Sax, 1997; Sharma & Kaur, 2011).

Our patients' positive reactions to SSRI treatment in conjunction with supportive psychotherapy and psychoeducation are in line with previous research (Talley, 2007)

IV. Conclusion:

This case underscores the importance of a multidisciplinary approach to managing psychogenic vomiting. Addressing psychological factors and family dynamics and providing pharmacological and psychological support are key to successful outcomes. Early identification and intervention can prevent complications and improve quality of life.

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The authors attest to having acquired all necessary permissions from the patient and informants for this paper. The patient and her family have consented to the publication of the case and clinical data. The authors express gratitude to the patient and her family for their cooperation and to the medical and psychological teams involved in her care. The patient is aware that only her initials may be published and although every attempt will be made to hide their identities, anonymity cannot be ensured.

References

[1] American Psychiatric Association. (2013). Diagnostic And Statistical Manual Of Mental Disorders (5th Ed.). Washington, Dc: American Psychiatric Publishing.

[2] Bhargava, R., & Sethi, S. (2019). Functional Vomiting Disorders In Children: An Overview. Pediatric Gastroenterology And Hepatology, 12(4), 234-240.

[3] Chatoor, I., & Ganiban, J. (2003). Food Refusal In Children: A Review Of The Literature. Journal Of The American Academy Of Child & Adolescent Psychiatry, 42(10), 1211-1219.

[4] Kumar, A., & Verma, A. (2017). Psychogenic Vomiting: A Review Of Current Understanding And Management. Indian Journal Of Psychiatry, 59(3), 324-329.

[5] Liao, K.-Y., Chang, F.-Y., Wu, L.-T., & Wu, T.-C. (2011). Cyclic Vomiting Syndrome In Taiwanese Children. Journal Of The Formosan Medical Association, 110(1), 14–18.
[6] Muraoka, M., Mine, K., Matsumoto, K., Nakai, Y., & Nakagawa, T. (1990). Psychogenic Vomiting: The Relation Between Patterns Of Vomiting And Psychiatric Diagnoses. Gut, 31(5), 526–528.
[7] Pooja, V., Gupta, N., Khan, A., Chaudhury, S., & Saldanha, D. (2021). Psychogenic Vomiting: A Case Series. Industrial Psychiatry Journal, 30(Suppl 1), S252-S254.
[8] Sax, L. J. (1997). Health Trends Among College Freshmen. Journal Of American College Health, 45(6), 252–262.
[9] Sharma, M., & Kaur, G. (2011). Gender Differences In Procrastination And Academic Stress Among Adolescents. Indian Journal Of Social Science Research, 8(2), 122–127.
[10] Sikand, M., & Sharma, P. (2019). Psychological Intervention In Cyclic Vomiting Syndrome In Adolescents: A Case Series. Journal Of Child & Adolescent Mental Health, 31(3), 182-188.
[11] Srivastava, P., Pattanayak, R. D., & Mehta, M. (2017). Chronic Unexplained Vomiting: A Case Report With Focus On Issues Relevant For International Classification Of Disease (Icd)-11. Asean J Psychiatry, 18, 114-8.
[12] Talley, N. J. (2007). Functional Nausea And Vomiting. Australian Family Physician, 36(9), 694–697.
[13] World Health Organization. (1992). International Statistical Classification Of Diseases And Related Health Problems (10th Revision, Icd-10). Geneva, Switzerland: World Health Organization.
[14] Zhao, Y., Ke, M., Wang, Z., Wei, J., Zhu, L., Sun, X., & Et Al. (2010). Pathophysiological And Psychosocial Study In Patients With Functional Vomiting. Journal Of Neurogastroenterology And Motility, 16(3), 274–280.