

CASE REPORT

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Life threatening self starvation; a case report

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Abstract

Background: Obsessive compulsive disorders are a complex group that can have a variety of manifestations. Many authors now describe an obsessive compulsive spectrum disorder where many other specific diagnostic entities such as trichotillomania, tic disorders and body dysmorphic disorder are considered to be related and linked disorders.

Case presentation: We report a case of a twenty two year old Sri Lankan male who presented with life threatening self starvation due to severe obsessive compulsive disorder. The diagnosis was not considered till late due to the atypical presentation of the patient. While his symptoms bordered on a delusional psychosis, a decision was made to treat him as for obsessive compulsive disorder with behavioural therapy which was successful in the end.

Conclusions: In analysis of a patient with severe anorexia, the psychological causes should not be forgotten. In fact, if the feeding pattern of the patient was observed at the beginning, unnecessary investigating and life threatening worsening of the condition could have been avoided.

Background

Research in to obsessive compulsive disorder (OCD) over the last 15 years have raised the possibility that it co-exists with many other disorders considered to have a separate organic and/or a psychological basis [1]. These include; delusional disorders, eating disorders, impulse control disorders, pica, pathological gambling and Tourette syndrome. This led to a hypothesis of obsessive compulsive spectrum disorder (OCSD) [1-6]. The classic description of OCD as defined in International Classification of Diseases –10 (ICD-10) involves the presence of obsessions (recurrent, intrusive, unwanted thoughts, images or impulses) and compulsions (repetitive behaviors either covert or overt). However, in OCSD, such behaviors may co exist and sometimes contribute to the pathogenesis of the other disorders mentioned above. Furthermore, the characteristic description of OCD states that the obsessions and compulsions are an agony to the patients and that he or she is aware that it is a redundant behaviour. However, considering OCSD, some of the obsessions are so ingrained to the patients' beliefs that they become 'delusional' in nature. This can lead to serious consequences that can be life threatening in

some patients. We present a case of a twenty two year Sri Lankan male who presented with severe OCD associated with delusional thoughts that responded well to behaviour therapy rather than antipsychotics.

Case presentation

A twenty two year old Sri Lankan male presented to the outpatients department of the National Hospital of Sri Lanka complaining of shortness of breath. Noting that the patient was severely emaciated, he was requested to get admitted to a medical ward for further investigations. While in ward his main complaint was recurrent shortness of breath and a bloated feeling that was brought upon by ingestion of food. He also complained of severe constipation and maintained that he had cut down on eating due to this. He did not have symptoms such as pyrexia, symptoms of thyrotoxicosis, bleeding per rectum, chronic diarrhoea and lumps on palpation anywhere in the body. He had no medical history suggestive of chronic infections such as tuberculosis, metabolic disorders such as diabetes, immunodeficiency disorders and primary gastrointestinal disorders such as celiac disease or chronic pancreatitis. There were no inherited organic illnesses in the family, risk behaviors for Human Immunodeficiency Virus (HIV) infection or a history of substance abuse. He was extremely wasted with a body mass index (BMI) of 11.1 kg/m²

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