

## Brief report

### Pica – Mind over matter: A case report

SS Ratnatunga, R Hanwella, VA de Silva

#### Abstract

The geneses, treatment and outcome of pica remains the subject of much debate. Data regarding pica in adults and in schizophrenia is limited. We present the case of a forty-year old male who presented with subacute intestinal obstruction. Having met the diagnostic criteria for schizophrenia, he subsequently developed symptoms which enabled a diagnosis of pica. Initially the pica symptoms were as a response to the command hallucinations, but later persisted in the absence of hallucinations. Pica can be potentially life-threatening, depending on the substance ingested

and the complications that follow, as was the case in this patient. Risperidone, olanzapine or electro convulsive therapy did not have any impact on his symptoms of pica. Clozapine was commenced and a dramatic response was observed, with the pica symptoms completely resolving within 10 days – thus revealing a new facet to the already versatile therapeutic effects of clozapine.

**Key words:** pica, schizophrenia, clozapine

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## Case Report

M was a forty-year old unskilled labourer from Colombo. He was referred from a surgical ward following conservative management of sub acute intestinal obstruction. He had presented with abdominal pain and constipation for three days. Imaging revealed that there were radio-opaque material in his intestines (Figure 1). Three months prior to his presentation M had developed poor sleep and suspiciousness of family members. He believed that his wife and twelve-year old son were plotting to kill him. He had limited contact with family and refused meals prepared by his wife. There had been frequent absenteeism from work. These symptoms were followed by the development of voices of unseen males discussing him in a derogatory manner in the third person. The voices commanded him to swallow metal objects, which he resisted at first, then complied with, as he feared the consequences of not obeying. He initially swallowed a small nail and then other small metal objects such as pins, clips, coins and blades. Subsequently he swallowed metal objects in the absence of such commands. He spent the next few weeks confining himself to his room, his self care and sleep further deteriorated and he started swallowing metal objects on a daily basis. He developed constipation and abdominal pain, which worsened over the course of three days. He admitted himself to the surgical casualty with severe abdominal pain.

This was M's first presentation to psychiatric services. He did not experience low mood, anhedonia or reduced self-esteem. The ingestion of metal objects were not in response to ideas of self harm. He did not believe his body or internal organs were non functional. There were no recurrent repetitive intrusive thoughts, nor any compulsions. There were no episodes of binge eating, fear of gaining weight or excessive self-monitoring.

There was no family history of psychiatric illness and no childhood history of eating non-nutritive substances. There was no substance use or a forensic record. There was no past head injury or history of cerebral infections. He was employed as a labourer in the local municipal council. He lived with his wife and twelve-year old son in a suburban area of Colombo.



**Figure 1. X-ray abdomen showing ingested radio opaque material.**