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
psychogenic diarrhea 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 cpmp, 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. 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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