

CASE PRESENTATION

DR. SARITHA.K
PG IN PSYCHIATRY

Demographic details:

Name: xxxx

Age : 28 yrs

Sex : Female

Marital status: Unmarried

Education: B.Ed

Family : Nuclear

Religion : Muslim

Address: Nalgonda

Informant: Mother

Chief complaints:

- Habit of plucking scalp hair since 15 years.

Objective complaint -

- Correlate the same
- Patient is frequently avoiding family and social gathering since 5 years.

- First patient went to dental consultation with complaint of bleeding gums, as there was no local pathology, she was referred to General Medicine dept, diagnosed as anemic, while under treatment she was referred to Psychiatry with the above complaints.

History of present illness:

- Patient was apparently asymptomatic 15 years back, after that she developed a habit of plucking scalp hair
- Initially patient felt itching and burning sensations over multiple areas of the scalp which lasted for 5- 10 minutes for once or twice in a day and was neglected as the sensations were minimal.
- After one week, intensity and frequency of sensations were high and had to scratch her scalp constantly to get relief which resulted in abrasions over the scalp

- Later, the intensity and frequency of sensations became worse which wouldn't subside by just scratching alone.
- Eventually she developed thoughts of pulling scalp hair which is preceded by mounting of tension, relieved after pulling scalp hair and when tried to resist would become anxious and nervous; Initially her hair plucking was painful later she did not experience any pain.
- This habit of her scalp hair plucking, resulted in patchy areas of baldness.

- Her mother noticed patchy areas of baldness and started using ayurvedic medicines but symptoms did not subside.
- Initially her hair plucking habit was under conscious awareness, later few episodes of hair plucking which were not under conscious awareness while watching TV and reading books, were reported.
- Patient noticed that rate of plucking of hair increased in stressful situations like exam preparation time and when she was scolded by family members for any reason.

- Her habit of hair plucking was progressed until she began picking hair from entire head, which finally lead to near complete baldness leaving behind scalp hair margins in the span of 12 years.
- In order to hide her baldness, she used to cover her bald scalp with scarf and avoided attending gatherings.
- They have also consulted a dermatologist in their home town for her baldness. She used medications prescribed by the dermatologist for 6 months, but there was no improvement.
- Her thoughts and acts of hair plucking continued.

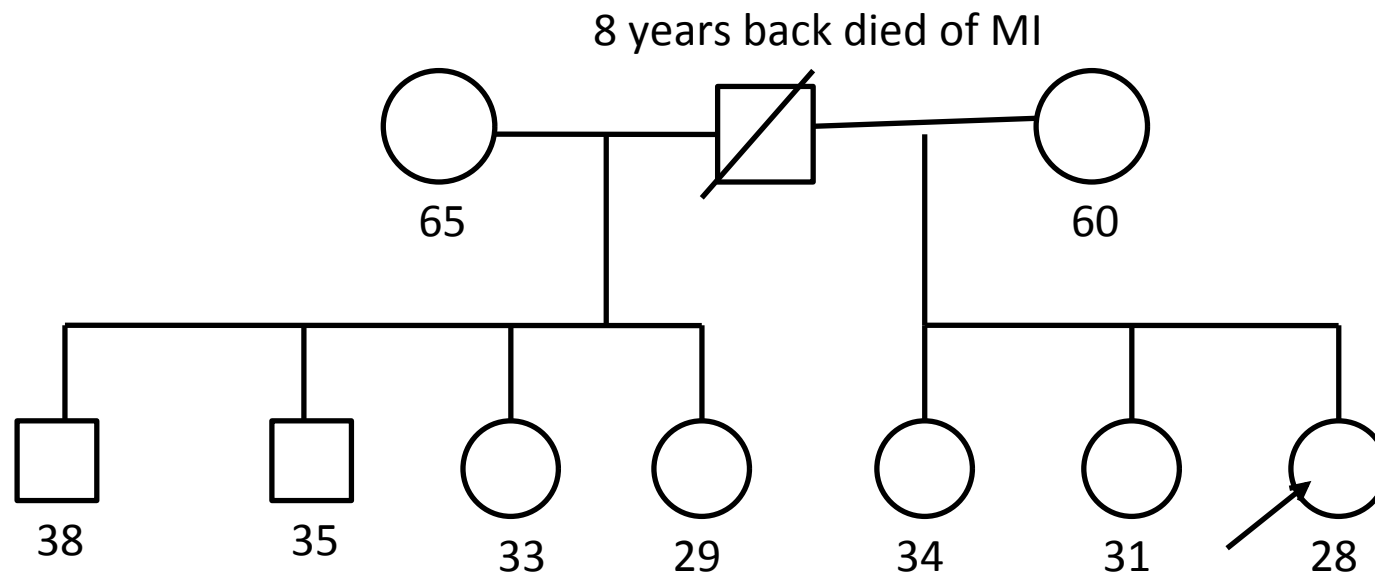
- Other than scalp hair she also used to pluck hair over fore arms occasionally.
- Personal hygiene maintained well.
- H/o appetite and sleep normal.
- H/o family stressors present.
 - father was chronic alcoholic and used to abuse her without any obvious reason
 - father expired 8 yrs back since then her family is suffering with financial problems

- No h/o swallowing of hair.
- No h/o pain abdomen.
- No h/o infections of scalp.
- No h/o thumb sucking, nail biting, skin pricking.
- No h/o any other psychiatric illness.

History of past illness:

- No h/o similar complaints in the past.
- No h/o any other psychiatric illness in the past.
- No h/o past medical or surgical illness.

Family history:



- No h/o similar complaints in the family.
- No h/o any psychiatric illness in the family.

Personal history:

Perinatal history:

- Reported to be no difficulties during pregnancy.
- Reported to be full term, normal, institutional delivery.
- Reported to be have cried immediately after birth.

Childhood history :

- Reported to have achieved all milestones at appropriate time.
- Reported to be immunized as per schedule.
- Reported to be exclusively breast fed for 6 months
- No h/o thumb sucking, nail biting, temper tantrums.

Educational history:

- Joined school at the age of 5yrs.
- She used to cry, to go to school.
- No h/o lying, stealing,truancy from school
- At school she was shy and reserved.
- She was good at academics but never participated in group activities and avoided stage performance

Pubertal history :

- Attained menarche at 13 yrs of age.
- Cycles – Regular, 28 days cycle, 3-5 days, no clots and no dysmenorrhea.

Premorbid personality:

- Though was shy and reserved, had responsible attitude towards her work and family members.
Premorbidly well adjusted

General examination:

- Patient conscious, coherent, co-operative.
- Moderately built and nourished.
- Pallor ++, no icterus, no cyanosis, no edema, no clubbing, no lymphadenopathy.
- **Vitals** -
 - Afebrile
 - Pulse – 110/min
 - BP – 90/70 mm Hg
 - RR – 20/min

- On examination of scalp - short, broken hair seen over temporal, parietal and occipital regions and along with adjacent normal long hair.



Mental status examination:

Appearance , Attitude & Behavior:

- A 28 yrs old female came to Psychiatry OPD with her mother, looking appropriate to the age, well dressed, looked anxious. Eye to eye contact present and maintained, rapport established with ease, no abnormal gestures or mannerisms, no abnormal movements seen.

Speech :

- Spontaneous, normal tone & volume .
- Reaction time normal.
- Relevant ,coherent.

Mood : reported to be normal

Affect : anxious

Thought:

- Progression - continuous, coherent and relevant.
- Content - no delusions.
- Possession- no obsessions and compulsions,
no thought alienation.
- Form - no formal thought disorders.
- Abstract thinking - present.

- **Perception** - behavior not suggestive of hallucinations
On enquiry also denying about perceptual disturbances.

Other cognitive functions :

- **Orientation** - oriented to time, place and person
- **Attention and concentration** - present.
- **Intelligence** - average

- **Memory** - Immediate
recent
remote } Intact

- **Insight** - Present , 5/6

- **Judgment** - Test
Social
Personal } Intact

Summary:

- 28yrs old female patient came with complaints of plucking of scalp hair and repeated thoughts and acts of hair plucking, if she tried to resist would become anxious and get relieved after the act. Premorbidly well adjusted.

Provisional diagnosis:

- Trichotillomania (Pathological hair pulling)

Treatment:

- Along with medical management for anemia
Tab. Fluoxamine 50mg OD for 6 weeks
- Counseling done regarding treatment and compliance to patient and family members.



2ND visit after 6 weeks:

- Repeated thoughts of Hair pulling decreased and act of hair plucking decreased. Hair growth was seen over bald areas.
- Tab. Fluoxetine 50mg BD.



3RD visit after 10 weeks:

- Repeated thoughts and acts of hair plucking further decreased.
- Continued Tab. Fluoxetine 50mg BD.



THANK YOU