CASE - 1

Bipolar affective disorder

Subhashish Nath
PGT of Psychiatry
Silchar Medical College Hospital, Silchar

Mr. PD, a 19 years old unmarried hindu male, a Bachelor of Arts (BA) first year student residing in a rural locality in a middle class extended family was admitted in psychiatry ward with chief complaints of sudden onset excessive roaming about, excessive talking, irritability, unnecessary spending, making big claims and aggressive behaviour for one month. His symptoms were gradually increasing in intensity. He had a past episode of similar nature eight years back with full recovery on treatment in about two months. However the past episode was preceded and followed by a variable period of low mood. Family history revealed presence of bipolar disorder in one of his second degree relative. There was no history of any substance abuse. Mental status examination revealed increased psychomotor activity, partial cooperativeness, poorly established rapport, a high pitched speech with increased rate and quantity, an exalted mood, tangential flow of thought, a mood congruent implausible grandiose delusion with acting out behaviour and elaboration, complex second person auditory hallucination and pseudo hallucination without acting out behaviour with impaired attention, concentration and abstract thinking and a level two insight. He was diagnosed as a case of bipolar affective disorder, current episode manic with psychotic symptoms. He was treated with divalproex sodium 1000g and lorazepam 2mg and showed considerable improvement in the target symptoms within seven days.

CASE - 2

Paranoid schizophrenia

Arnab Bhattacharya
PGT of Psychiatry
Silchar Medical College Hospital, Silchar

Mr F I, a 25 year male from a poor socieeconomic strata of rural Assam presented with an acute onset of illness precipitated after a financial loss with complaints of not working properly and poor sleep for one month followed by irrelevant talks, aggressive behaviour and fearfulness for past seven days associated with disturbed interpersonal relations, self care, work output, poor sleep and appetite. Past history revealed jaundice six years ago and an episode of psychotic illness four years back needing inhospital treatment with return to premorbid levels of functioning after medications. Family history revealed a history of bipolar illness in father and schizophrenia in paternal cousin sister. Personal history revealed three episodes of forceful same sex encounters at the age of five years. Premorbidly there were schizoid personality traits. Physical findings were unremarkable and psychodiagnostic testing showed an ongoing psychotic process in Rorschach and thematic apperception test (TAT). Mental state showed reduced eye contact, guarded attitude at times, anxious mood, restrictec range and reactivity of affect, circumstantial speech, paranoid ideations, ideas of guilt, somatic preoccupation, second and third person auditory hallucinations with acting out behaviour, impaired abstraction and judgement and level one insight. On floor discussion a consensus diagnosis of Paranoid schizophrenia, episodic type with stable deficit (F20.0) was reached. Management plan was made on a biopsychosocial framework including olanzapine tablet 20 mg/day, psychotherapy of supportive type and family involvement was stressed targeting medication compliance and decreasing expressed emotions.

CASE - 3

Dissociative disorder

Debjit Roy
PGT of Psychiatry
Silchar Medical College Hospital, Silchar

Twenty two years old female presented to the casualty with chief complaints of episodic apparent unresponsiveness, inability to recognize family members and recall personal information for last five days, which was sudden in onset and precipitated by a quarrel with husband. The patient got married four months back against her parents' will and the marriage was not accepted by her family till date. No history of head injury in the recent past. She also had a family history of suicide in her elder sister and substance abuse in elder brother (opioids). She had an extrovert kind of premorbid personality. Mental status examination