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CLINICAL CASE

A Chronic Psychogenic Vomiting Case of Dramatic Response to Escitalopram

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ABSTRACT
This case report describes the treatment of an interesting patient with vomiting for years. The patient admitted to the family health center with chronic vomiting and weight loss. Her physical examination was unremarkable. The complaint of patient in who organic pathogen were excluded by biochemical and radiological examinations was evaluated psychologically; her complaints were ended following the initiation of escitalopram therapy unlike previous treatment. In this report, we represent a specific patient for the escitalopram treatment and thanks to this, it contributes a unique sample to the literature about escitalopram usage in the treatment of chronic vomiting.

KEY WORDS: Vomiting, Psychogenic, Escitalopram.

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INTRODUCTION

Vomiting is the forceful evacuation of stomach content through the esophagus and mouth. Vomiting can be classified as central, peripheral, physiological, psychogenic, acute and chronic vomiting. Psychogenic vomiting can be described as type vomiting associated with psychological disorder without a significant organic pathology (1). If vomiting lasts longer than a week, it is classified as chronic vomiting (2). In the present study, a case that had been complained about chronic vomiting for seven years and admitted to Family Health Center was presented.

CASES REPORT

A 56 year old, married woman and mother of five children, who admitted to Family Health Center in May 2016, described vomiting twice a day since last seven years. When her medical records were examined, it was found that she had admitted to hospital for about twenty times per year with the complaint of vomiting and she was evaluated in other healthcare institutions by internal diseases, neurology and psychiatry specialist, and she had received sertraline, fluoxetine, hydroxyzine HCl, trazodone, haloperidol, proton pump inhibitor, combination of antiacid and alverin therapy for depression and anxiety. The results of whole blood count, sedimentation, fasting blood sugar, blood electrolytes, kidney and liver function tests, Free T3, Free T4, TSH, vitamin B12, folic acid levels, abdominal US, esophagogastroduodenoscopy, colonoscopy, brain magnetic resonance, electrocardiogram, posteroanterior chest X-ray were all normal. In her medical background, she was still using metoprolol, valsartan and hydrochlorothiazide with the diagnosis of essential hypertension. She had not the history of previous operation. She did not have cigarette and alcohol consumption. She had totally lost 9 to 10 kg

although she did not have any problem about eating or her weight. In her physical examination, her body mass index was measured as 31 kg/m2 other systemic aspects were found normal. In her mental examination, her disposition was anxious and depressive. Her affection was disrupted as distress. Her conscious was clear, her intention was full and her attention was normal. No deviation was detected in her memory and perception area. She had no apparent characteristic in her family history. As a result of literature search, escitalopram was initiated to the patient 20 mg/day (10 mg/day at first week) to the patients who did not give any response to previous therapies, improvement was observed in two weeks and no side effect was observed in patient. Patient receiving drug therapy stated that vomiting was relieved in control examination, approximately after 6 weeks. Her treatment has been still continued.

DISCUSSION

Complaint of vomiting might develop due to various reasons such as abdominal, metabolic, neurological, infectious, psychological factors and drug usage. Electrolyte tests including hemogram, Na, K and Ca must be performed in all cases, and pregnancy test must be done in young women. Direct abdominal radiography images must be obtained in while lying down and standing. In case of normal abdominal radiography results, upper endoscopy or barium graphy might be performed if necessary. Abdominal tomography and brain magnetic resonance might be used in differential diagnosis. An organic pathology was not detected in our patient. The vomiting complaint of patient who was receiving psychiatric treatment due to anxiety and depression was evaluated as psychogenic.

By considering the etiology of vomiting in the literature, serotonin 5HT3 receptor antagonists, serotonin 5HT4 receptor agonist, dopamine antagonists, monoamine reuptake inhibitors, antihistamines and antimuscarinic agents, sedatives, corticosteroids, dronabiol and various antibiotics have been using for treatment (3-6). In the treatment of psychogenic vomiting, there are case reports and open-ended studied regarding the use of tricyclic anti-depressants, trazodone and mirtazapine.

Escitalopram is the selective inhibitor of serotonin (5HT) reuptake. It has lower or no affinity to a group of receptors including 5-HT1A, 5-HT2A, DA D1 and α1-, α2-, β-adrenoceptores with D2, histamine H1, muscarine, benzodiazepine and opioid receptors. The antidepressant mechanism of action of escitalopram is thought be connected to serotonergic effect potential in the central nervous system. Previous studies have shown that escitalopram was forming a minimal effect on the reuptake of norepinephrine and dopaminergic neuron, and it is a highly selective reuptake inhibitor of serotonin (7).

There are limited numbers of reported cases about the use of escitalopram in psychogenic vomiting (8). Therefore, our patient is the first specific case.

CONCLUSION

Initially organic reasons should be investigated in patients having chronic vomiting. Elimination of organic reasons might show that the vomiting is psychogenic. Escitalopram might be tried in that kind vomiting. Further cases are required to prove the efficacy this treatment.

AUTHORS' CONTRIBUTIONS

The participation of each author corresponds to the criteria of authorship and contributorship emphasized in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals of the International Committee of Medical Journal Editors. Indeed, all the authors have actively participated in the redaction, the revision of the manuscript and provided approval for this final revised version.

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PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this case report.

COMPETING INTERESTS

The authors declare no competing interests.

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