A Case Report of Hysterical Serial Belching (Rare Manifestation of Conversion)

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(Received: 1 May 2009 ; Accepted: 20 December 2009)

Hysteria is one of the conversion disorders that can be presented similar to neurological and organic disorders. Conversion symptoms are usually associated with emotional conflicts of the patient. Belching is often reported in patients with gastroesophageal reflux and is a rare manifestation of hysteria. The authors would describe a young female patient with serial belching that, after several gastrointestinal tract examinations which were unremarkable, was diagnosed as having hysteria. The patient's belches were finished after few psychotherapy sessions.

Iranian Journal of Psychiatry and Behavioral Sciences (IJPBS), Volume 4, Number 1, Spring and Sunner 2010: 53-55.

Keywords: Conversion Disorder • Eructation • Hysteria

Introduction

Hysteria has been attentioned since the time of Freud. Previously, it was supposed that hysteria can only affect women (The word hysteria is derived from the Greek word for uterus, hystera). The syndrome currently known as conversion disorder was originally combined with the syndrome known as somatization disorder and was referred to as hysteria (1). Nowadays hysteria in Diagnostic and Statistical Manual (DSM-IV-TR) is categorized as one of the conversion disorders. Hysteria can show itself similar to neurological and organic disorders (2-5). In somatoform disorders bodily sensations or functions, as the patient's predominant focus, are influenced by a disorder of the mind. In fact, physical and laboratory examinations persistently fail to show significant substantiating data about the patient's complaints (1).

Excessive belching is often reported in patients with gastroesophageal reflux disease. This condition is referred to as aerophagia (6). Gastrointestinal complaints sometimes may be reported in somatoform disorders (7).

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Here, the authors would introduce a case with serial belching which was referred from gastrointestinal department. The reasons to introduce this case are: firstly, based on our knowledge there is no similar report in the literature. Secondly, we want to clarify that somatoform disorder Not Otherwise Specified (NOS) could be a type of conversion in patients with belching.

Case Report

The patient was a 19-year-old married woman, university student, from Bardsir, Kerman. She was referred to "Shahid Beheshti Psychiatry Hospital" from Gastrointestinal Department due to persistent belching with no organic reasons associated with occasional vomiting and was admitted for further evaluation.

She had gotten engaged to her cousin 5 years earlier and during this time, there was not a close relationship between them and her fiancé did not express any feelings towards her. She had become familiar with another boy at her university 11 month earlier to her presentation to our clinic. They were in contact with each other by phone and they used to go out with each other several times. They had decided to get married. However, after informing her parents she faced with their refusal regarding this marriage. Instead her parents forced her to marry her cousin,

and this marriage had happened five months prior to presentation to our clinic. Because of her marriage, she tried to commit suicide.

She mentioned that her first sexual intercourse with her husband was 6 days after wedding which made her to vomit. She stated that her sexual relations with her husband are tormented and hateful without any enjoyment.

The patient had not had any knowledge about sexual relation before her marriage and nobody explained this matter for her. She mentioned that belching symptom had started one month before admission to our general hospital and was mainly because of taking heavy meals and family arguments. Patient's belches increased gradually and were occurring every day. She has got a retrosternal pain and heartburn because of intense belching.

Her appetite decreased during this period. Following aggression and anxiety her belching symptom became worse. There was no belching during sleep. During this period, there had been 4 referrals to gastrointestinalist in order to perform upper GI endoscopy and the liver sonography. However, no organic problem had been found in these exams. Furthermore, she used stomach medications without any improvement.

By the time that she was visited by our service, she had serial belching and couldn't speak fluently and bad smell of stomach acid was spread in environment. During her illness presence, she had also suffered some pseudoseizure episodes that were unremarkable in neurological examination.

Her past psychiatry history was unremarkable as well. Family history of psychiatry disorders was negative. On mental examination, she had mild depression. On physical examination, she had mild epigastric tenderness.

The patient was confined in emergency department. During her admission, she treated with supportive psychotherapy. The importance of familial relations and caring for her husband were explained for her.

The patient's belches were decreased and stopped until day 10. There were some belches that were finished after few psychotherapy sessions. During this time, only clonazepam (1mg HS) was prescribed for reducing anxiety without any other medications.

Discussion

In the decade from 1887 to 1897, Freud turned his attention to a serious study of disturbances of his hysterical patients. In conjunction with his colleague, Breuer, he treated a series of female patients suffering from hysterical symptoms and defied neurological explanations for these disorders (1).

Use of hypnosis facilitates the diagnostic process in hysterical reactions (8). In the 17th century, Thomas Sydenham recognized that psychological factors were involved in the pathogenesis of the symptoms. In 1859, Paul Briquet observed the multiplicity of symptoms and affected organ systems and commented on the usually chronic course of the disorder. For many years, the disorder was called Briquet's syndrome (1).

Conversion symptoms are associated with strong emotions (9,10). Nowadays, hysteria cases have been reduced in western societies because most of the people are verbalized their problems. But in traditional societies people are weak to explain their emotional, sexual, and educational problems. Systematic enhancement of functioning as a technique, that encourages the patient to express the desired behavior to whatever extent possible, is used for symptoms removal in conversion disorder (11).

As we know, such a case has not yet been reported with serial belches in the literature. There are some reports that somatoform disorders present with nausea, vomiting, diarrhea, abdominal distention and abdominal pain (7,12). In 2001, Heger reported a 60-year-old woman with recurrent abdominal pain and diarrhea that treated with psychotherapy (7). In 2009, Laria and colleagues reported a girl with visual loss that final diagnosis was conversion (2). In 1991, a case was reported who was initially diagnosed as trigeminal neuralgia. Pain in the face and head was the patient's main complaint. But it did not relieved by repeated peripheral nerve blocks. A final diagnosis was hysteria (3).

There are some other somatoform disorders which present with symptoms in oro-maxillo-facial areas (4).

This is a rare case and become differentiate from somatoform disorders because most of them are referred with GI signs and classified in somatoform disorder rather than conversion disorder. To confirm diagnosis, first of all, organic etiology for the symptoms must be ruled out.

Excessive belching is often reported in patients with gastroesophageal reflux disease. This condition is referred to as aerophagia (6). The incidence of belches increases with psychological factors (13). Aerophasia is a behavioral disorder and behavioral therapy maybe beneficial for these patients (14).

In the current case, on gastrointestinal evaluations, no problem was found. At the beginning, one of our diagnoses was somatoform disorder NOS. But after facing primary and secondary conflicts in the patient and removing patient's signs without any special medications, the patient's problems solved with education and psychotherapy. Her husband paid attention to her emotional needs and sexual relations were explained to them and became enjoyable for her. With understanding these subjects, we made the relations enjoyable for this couple.

There are still hysteria cases in Eastern societies and there is no education about sexual relations in high school, and talking about these relations is still considered as a taboo in most families.

The case presented here and the treatments applied for her is unique regarding the aspect of shamefulness of talking about sexual relations even between couples in our culture. In our opinion, it is likely to prevent and reduce such problems in our society and even in other eastern countries with traditional cultures by the methods described in this article.

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